2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# L03000034036

Entity Name: PLACE IN THE SUN VACATION RENTALS, LLC

Current Principal Place of Business:

2670 SOUTH MCCALL RD., UNIT 12
HERON PLAZA
ENGLEWOOD, FL

New Principal Place of Business:

2670 SOUTH MCCALL RD., UNIT 12
HERON PLAZA
ENGLEWOOD, FL 34224 US

Current Mailing Address:

2670 SOUTH MCCALL RD., UNIT 12
HERON PLAZA
ENGLEWOOD, FL

New Mailing Address:

2670 SOUTH MCCALL RD., UNIT 12
HERON PLAZA
ENGLEWOOD, FL 34224 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUCH, HAZEL E
15 CLUBHOUSE ROAD
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CROUCH, HAZEL E
Address: 15 CLUBHOUSE RD.
City-St-Zip: ROTONDA WEST, FL 33947

Title: MGRM (X) Delete
Name: CROUCH, PAUL T
Address: 15 CLUBHOUSE RD.
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CROUCH, HAZEL E MRS
Address: 15 CLUBHOUSE RD.
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HAZEL E CROUCH MGRM 03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date