2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

	ANNUAL REP	ORT		Sacratary of State	
DOCUMENT # L03000038206 1. Entity Name				Secretary of State	
	VATIONS, LLC				
Principal Place of B	iusiness Mailing /	Address			
4910 BEACH BLVD. IACKSONVILLE, FL 32207 4910 BEACH BLVD. IACKSONVILLE, FL 32207				S REGITES BUT BEYER INGN TONG BUTTON BEYEN BETTE AND A SENT CREW FRANK FRANK AND	
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				4. FEI Number. Applied For 20-0327418 Not Applicable	
[\$E 00	
				5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent					
WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207			N 99 W	DO NOT WRITE	
				IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.					
The Conganons of Legisletes agoni.					
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when renslating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006				U00000497280 04/22/06-80047-010 50.00	
9.	MANAGING MEMBERS/MANAG	ERS	<u> </u>		
TITLE P	005 200507			·	
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NAME STREET ADDRESS					
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LISTE					
NAME STREET ADDRESS					
CITY-SI-ZIP TURE NAME STREET AGORESS				DO NOT WRITE	
			IN THIS SPACE		
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DILE					
NAME STREET ADDRESS					
CHY-ST-TIP					

11. I hereby certify that the informatient supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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 presence or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDITESS CITY-ST-ZEP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/06

904-099-0667

Daytime Phone #