2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066267

1. Entity Name

ROYAL VACATION PROPERTY MANAGEMENT LLC

Principal Place of Business

3823 59TH AVENUE W
BRADENTON FL 34210

Mailing Address

3823 59TH AVENUE W
BRADENTON FL 34210

1st MOORE CR2E063 (10/05)

2. Principal Place of Business: 3823 59th Av. W.
Suite, Apt. #, etc.
City & State: BRADENTON
Zip: FL 34210 Country: USA

3. Mailing Address: 3823 59th Ave. W.
Suite, Apt. #, etc.
City & State: Bradenton FL.
Zip: 34210 Country: USA

4. FEI Number: 50-0198091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUEFFTAN, LARISSA
3823 59TH AVENUE W
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name: LARISSA SCHUEFFTAN
Street Address (P.O. Box Number is Not Acceptable): 3823 59th Ave. W.
Bradenton
City: BRADENTON FL Zip Code: 34210

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.

SIGNATURE: Larissa T. Schuefftan, Manager DATE: 02/11/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	SCHUEFFTAN, LARISSA		NAME		
STREET ADDRESS	3823 59TH AVENUE W		STREET ADDRESS	U00000434336	
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP	02/24/06--00059--021 55.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Larissa T. Schuefftan 02/11/06