


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 01, 2006 8:00 am
Secretary of State

08-11-2006 90090 017 ****50.00

DOCUMENT # L05000020755			
1. Entity Name HAPPY VACATIONS, L.L.C.			
Principal Place of Business 14100 TAMiami TRAIL EAST 369 BOBCAT NAPLES, FL 34114 US		Mailing Address 14100 TAMiami TRAIL EAST 369 BOBCAT NAPLES, FL 34114 US	
2. Principal Place of Business		3. Mailing Address 1241 AUTUMN LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Petoskey MI	
Zip		Zip 49770	
Country		Country USA	
4. FEI Number 20 2456648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBERT, DAVID L 14100 TAMiami TRAIL EAST 369 BOBCAT NAPLES, FL 34114		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 <i>David Hubbert</i>		DATE 7/1/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHARON Schappacher 1241 AUTUMN LANE PETOSKEY MI 49770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM DAVID Hubbert 14100 TAMiami TRAIL E. #369 Naples FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>David Hubbert</i>		DATE: 7/1/06 PHONE: 330-233-4643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	