

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020755

FILED
Sep 06, 2007
Secretary of State

Entity Name: HAPPY VACATIONS, L.L.C.

Current Principal Place of Business:

14100 TAMIAMI TRAIL EAST
369 BOBCAT
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

1241 AUTUMN LANE
PETOSKEY, MI 49770 US

New Mailing Address:

1070 GRAND RIDGE DRIVE
PETOSKEY, MI 49770 US

FEI Number: 20-2456648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUBBERT, DAVID L
14100 TAMIAMI TRAIL EAST
369 BOBCAT
NAPLES, FL 34114 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: SCHAPPACHER, SHARON
Address: 1241 AUTUMN LANE
City-St-Zip: PETOSKEY, MI 49770

Title: MGRM () Delete
Name: HUBBERT, DAVID
Address: 14100 TAMIAMI TRAIL E. #369
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHAPPACHER, SHARON
Address: 1070 GRAND RIDGE DRIVE
City-St-Zip: PETOSKEY, MI 49770

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON SCHAPPACHER

MANA

09/06/2007

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