

# 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