

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020755

FILED  
Mar 23, 2009  
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:**

1070 GRAND RIDGE DRIVE  
PETOSKEY, MI 49770 US

**New Mailing Address:**

1070 GRAND RDG  
PETOSKEY, MI 49770 US

FEI Number: 20-2456648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: 1070 GRAND RIDGE DRIVE  
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 RDG  
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

MNGR

03/23/2009

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