

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026299

FILED
May 07, 2007
Secretary of State

Entity Name: LARGO VACATION PROPERTIES, LLC

Current Principal Place of Business:

20 SHORELAND DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291
SUMMERFIELD, NC 27358

New Mailing Address:

FEI Number: 04-3851834 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:

Name and Address of New Registered Agent:

BARKS, JAMES A ESQ
1120 WEST FIRST ST, STE B
SANFORD, FL 32771 US

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: DEMECURIO, BECKY
Address: 117 LAUREL HILL RD.
City-St-Zip: WESTTOWN, NY 10998

Title: MGRM () Delete
Name: MORTON, MICHELLE
Address: 7004 BLACKSMITH CT
City-St-Zip: SUMMERFIELD, NC 27358

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEMECURIO, BECKY
Address: 135 LAKESIDE COURT
City-St-Zip: HANSEN, KY 42413

Title: MGRM (X) Change () Addition
Name: MORTON, MICHELLE
Address: 1814 MADISON AVE
City-St-Zip: GREENSBORO, NC 27403

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: MICHELLE MORTON

MGRM

05/07/2007

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