## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000040695

Entity Name: EXECUTIVE VACATION PROPERTIES, LLC

Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

163 SEA MARSH AMELIA ISLAND, FL 32034

**Current Mailing Address: New Mailing Address:** 

322 CREST ROAD 25 NORMANDY COURT RIDGEWOOD, NJ 07450 US HO HO KUS, NJ 07423 US

FEI Number: 20-2787597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CHISM, LORIE L CHISM, LORIE L ONE INDEPENDENT DR

1890 SOUTH 14TH STREET **SUITE 3131** SUITE 206

JACKSONVILLE, FL 32202 US FERNANDINA BEACH, FL 32034 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: 04/21/2008

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition MONTGOMERY, KATHY H MONTGOMERY, KATHY H Name: Name: 322 CREST ROAD Address: 25 NORMANDY COURT Address: City-St-Zip: RIDGEWOOD, NJ 07450 US City-St-Zip: HO HO KUS, NJ 07423 US

Title: ( ) Delete Title: (X) Change ( ) Addition Name: MONTGOMERY, KENNETH H Name: MONTGOMERY, KENNETH H Address: 322 CREST ROAD Address: 25 NORMANDY COURT RIDGEWOOD, NJ 07450 US City-St-Zip: City-St-Zip: HO HO KUS, NJ 07423 US

Title: () Delete Title: () Change () Addition

HASKETT, GERALD Name: Name: 1024 RIVERCHASE PKWY WEST Address: Address: City-St-Zip: HOOVER, AL 35244 US City-St-Zip:

Title: ( ) Delete Title: () Change () Addition M

HASKETT, ROBIN Name: Name: 15 BELLEWOOD GROVE Address: Address: City-St-Zip: JACKSON, MS 39272 US City-St-Zip:

Title: Title: () Delete () Change () Addition

HASKETT, JOHN Name: Name: 15 BELLEWOOD GROVE Address: Address: City-St-Zip: JACKSON, MS 39272 US 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: KATHY H. MONTGOMERY **MGRM** 04/21/2008