


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90020 015 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000056539</b>                                      |  |
| 1. Entity Name<br><b>GLOBAL VACATION INVESTMENT PROPERTIES, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7413 VELLEUX STREET<br/>REUNION, FL 34747</b> | Mailing Address<br><b>2405 BRENTWOOD ROAD NW<br/>CANTON, OH 44708</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**30010816**

04032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2978279**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                      |  |
| <b>PENDLETON, DAVID J<br/>3620 SE 22ND PLACE<br/>OCALA, FL 34471</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

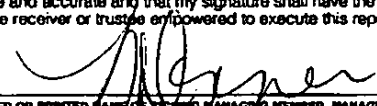
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS                     |  | 10. ADDITIONS / CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>DANNER, LEE ANN<br/>2405 BRENTWOOD RD NW<br/>CANTON, OH 44708</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>DANNER, JEFFREY L<br/>2405 BRENTWOOD RD. NW<br/>CANTON, OH 44708</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>BARTLEY, JOHN C<br/>5156 SAINT ANDREWS ST NW<br/>CANTON, OH 44708</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>BARTLEY, DEBORAH L<br/>5156 SAINT ANDREWS ST NW<br/>CANTON, OH 44708</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>THOMAS, LEE<br/>1431 HANOVER CT SE<br/>CANTON, OH 44709</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>THOMAS, KAREN M<br/>1431 HANOVER CT SE<br/>CANTON, OH 44709</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **4/1/06 304775502**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

OHIO  
LEGACY  
BANK



OFFICE LOCATIONS

**WOOSTER**

305 West Liberty Street  
P.O. Box 959  
Wooster, OH 44691  
Office: 330.263.1955  
Fax: 330.263.0063

**MILLTOWN**

3562 Commerce Parkway  
Wooster, OH 44691  
Office: 330.345.2031  
Fax: 330.345.2047

**CANTON**

P.O. Box 36294  
4026 Dressler Rd., N.W.  
Canton, OH 44735-6294  
Office: 330.478.1000  
Fax: 330.477.3745

**MILLERSBURG**

225 N. Clay Street  
P.O. Box 310  
Millersburg, OH 44654  
Office: 330.674.5301  
Fax: 330.674.5088

ATTACHMENT

30010816

June 1, 2006

#L05 000056539  
Second Notice

J.L. Danner, Inc  
901 Schneider St SE  
North Canton, OH 44720

Re: Jeffrey L. Danner

Dear Customer:

As stated in our previous letter, a recent review of your credit file at Ohio Legacy Bank indicated the need for the following information:


- Entity Financial Statement
- 2005 Federal Income Tax return

Ohio Legacy Bank must receive this updated information no later than **June 16, 2006**. If your taxes are on **EXTENSION**, please give me a copy of the **extension form**. If you are unable to provide this information, please **contact me directly at 330-497-3171** indicating the reason for the delay.

As stated previously, this is our most important means of supporting your borrowings now and in the future. Information can be mailed to my attention, P. O. Box 36294, Canton, Ohio 44735-6294, faxed to 330-477-3745, or taken directly to any branch.

If you have any questions in this regard, please feel to contact me.

Sincerely,

  
Angela L. Ertle  
Administrative Assistant

Cc: File