

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065162

FILED
Mar 17, 2006
Secretary of State

Entity Name: TOP FLORIDA VACATION RENTALS, LLC.

Current Principal Place of Business:

1411 CAPE CORAL PKWY E
CAPE CORAL, FL 33904 US

New Principal Place of Business:

2270 FIRST STREET
FORT MYERS, FL 33901 US

Current Mailing Address:

1411 CAPE CORAL PKWY E
CAPE CORAL, FL 33904 US

New Mailing Address:

2270 FIRST STREET
FORT MYERS, FL 33901 US

FEI Number: 20-3151625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD 22
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

DORMAYER, DORIT M
2270 FIRST STREET
FORT MYERS, FL 33901 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: DORIT DORMAYER

03/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORMAYER, DORIT
Address: 1411 CAPE CORAL PKWY E
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORMAYER, DORIT
Address: 2270 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM () Change (X) Addition
Name: DORMAYER, MARIO
Address: 2270 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: DORIT DORMAYER

MGRM

03/17/2006

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