2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L05000078730

Entity Name: FAMILY VACATION VILLAS LLC

Current Principal Place of Business:

1144 CIRCLE DRIVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

1144 CIRCLE DRIVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 11-3756385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, THOMAS J
1144 CIRCLE DRIVE
LAKE WALES, FL 33853 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: MINISSALI, RICHARD
Address: 88 JAMES ST.
City-St-Zip: ROSENDALE, NY 12472 US

Title: MGRM (X) Delete
Name: FOLEY, EDWARD III
Address: 2915 W. STONY HILL COURT APT #2A
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS CLARK MGRM 01/08/2007

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