2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
02-19-2007 90201 006 ****50.00

DOCUMENT # L05000106239

1. Entity Name
FLORIDAS FUN IN THE SUN VACATION HOMES, LLC

Principal Place of Business	Mailing Address
393 SHADY OAK LOOP DAVENPORT, FL 33896	393 SHADY OAK LOOP DAVENPORT, FL 33896

DO NOT WRITE IN THIS SPACE

02032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3745777
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDRESS, GALE M
393 SHADY OAK LOOP
DAVENPORT, FL 33896

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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 Gale M Childress 2-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHILDRESS, GALE M
STREET ADDRESS	393 SHADY OAK LOOP
CITY-ST-ZIP	DAVENPORT, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gale M Childress Gale Childress 3-15-07 863 420-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #