

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004950

Entity Name: ST AUGUSTINE VACATIONS, LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

245 DEPORTIVO DRIVE  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

245 DEPORTIVO DRIVE  
ST AUGUSTINE, FL 32086 US

**New Mailing Address:**

FEI Number: 03-0578158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARTLEY, BRANDON W  
245 DEPORTIVO DR  
ST AUGUSTINE, FL 32086 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: HARTLEY, BRANDON W  
Address: 245 DEPORTIVO DR  
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: MGRM ( ) Delete  
Name: MORIS-HARTLEY, JULIA V  
Address: 245 DEPORTIVO DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM ( ) Delete  
Name: STEVENS, TERESA W  
Address: 5301 1ST STREET  
City-St-Zip: ST AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES:**

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

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: BRANDON W HARTLEY

MGRM

01/04/2007

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