

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036521

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: RUPP VACATION PROPERTIES, LLC

**Current Principal Place of Business:**

6190 E. IRLO BRONSON MEM HWY  
ST CLOUD, FL 34771

**New Principal Place of Business:**

6190 ALLIGATOR LAKE SHORE WEST  
ST CLOUD, FL 34771

**Current Mailing Address:**

6190 E. IRLO BRONSON MEM HWY  
ST CLOUD, FL 34771

**New Mailing Address:**

6190 ALLIGATOR LAKE SHORE WEST  
ST CLOUD, FL 34771

FEI Number: 20-4691065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUPP, LEON H  
6190 E. IRLO BRONSON MEM. HWY.  
ST CLOUD, FL 34771 US

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

RUPP, LEON H  
6190 ALLIGATOR LAKE SHORE WEST  
ST CLOUD, FL 34771 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:

03/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUPP, LEON H  
Address: 6190 E. IRLO BRONSON MEM. HWY.  
City-St-Zip: ST CLOUD, FL 34771

Title: MGRM ( ) Delete  
Name: RUPP, STEVEN C  
Address: 1325 GALSWORTHY AVE.  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete  
Name: RUPP, SHARON M  
Address: 6190 E. IRLO BRONSON MEM. HWY.  
City-St-Zip: ST CLOUD, FL 34771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RUPP, LEON H  
Address: 6190 ALLIGATOR LAKE SHORE WEST  
City-St-Zip: ST CLOUD, FL 34771

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

Title: MGRM (X) Change ( ) Addition  
Name: RUPP, SHARON M  
Address: 6190 ALLIGATOR LAKE SHORE WEST  
City-St-Zip: ST CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify 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: LEON H. RUPP

MGMR

03/07/2009

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