

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070064

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** LAND AND SEA VACATION RENTALS, L.L.C.

**Current Principal Place of Business:**

599 S. COLLIER BLVD., SUITE 301  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

599 S. COLLIER BLVD., SUITE 301  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** ☐ **FEI Number Applied For (X)** ☐ **FEI Number Not Applicable ( )** ☐ **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WEBSTER, RONALD S  
979 NORTH COLLIER BLVD.  
MARCO ISLAND, FL 34145 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLAWIK, CATHERINE C  
Address: 970 CAPE MARCO DRIVE, UNIT 1908  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete  
Name: HANIFIN, CARYS MAI  
Address: 85 SOUTH SEAS COURT  
City-St-Zip: MARCO ISLAND, FL 34145

**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 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: CATHY SLAWIK

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05/01/2007

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