

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071028

FILED
Apr 20, 2009
Secretary of State

Entity Name: VACATION ADVANTAGE REALTY, LLC

Current Principal Place of Business:

8545 COMMODITY CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

110 N ORLANDO AVE
SUITE #9
MAITLAND, FL 32751 US

Current Mailing Address:

8545 COMMODITY CIRCLE
ORLANDO, FL 32819

New Mailing Address:

110 N ORLANDO AVE
SUITE #9
MAITLAND, FL 32751 US

FEI Number: 20-5339035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SCOTT C ESQ.
8545 COMMODITY CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DICKINSON, RICHARD
110 N. ORLANDO AVE
SUITE #9
MAITLAND, FL 32751 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: RICHARD DICKINSON

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICKINSON, RICHARD
Address: 8545 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: P (X) Delete
Name: NEWBOLD, CHAD
Address: 8545 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DICKINSON, RICHARD
Address: 110 N. ORLANDO AVE
City-St-Zip: MAITLAND, FL 32751 US

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: RICHARD DICKINSON

MGR

04/20/2009

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