

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075176

FILED
Jan 29, 2009
Secretary of State

Entity Name: VACATION PROPERTIES UNLIMITED LLC

Current Principal Place of Business:

485 JOHNS CREEK PK
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

8476 STAPLEHURST DRIVE
JACKSONVILLE, FL 32244 US

Current Mailing Address:

485 JOHNS CREEK PK
ST AUGUSTINE, FL 32092 US

New Mailing Address:

8476 STAPLEHURST DRIVE
JACKSONVILLE, FL 32244 US

FEI Number: 20-5292884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, ERICA L
485 JOHNS CREEK PK
ST AUGUSTINE, FL 32029 US

Name and Address of New Registered Agent:

BROOKS, ERICA L
8476 STAPLEHURST DRIVE
JACKSONVILLE, FL 32244 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: ERICA BROOKS

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROOKS, ERICA L
Address: 485 JOHNS CREEK PK
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROOKS, ERICA L
Address: 8476 STAPLEHURST DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM () Change (X) Addition
Name: BROOKS, MICHAEL
Address: 8476 STAPLEHURST DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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: ERICA BROOKS

MGRM

01/29/2009

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