

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092857

FILED
Apr 30, 2008
Secretary of State

Entity Name: REGAL PROPERTIES VACATION RENTAL SERVICES, LLC

Current Principal Place of Business:

1394 CO HWY 283 S BLDG 11
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

32 E. CO. HWY. 30-A
SUITE E
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

1394 CO HWY 283 S BLDG 11
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

32 E. CO. HWY. 30-A
SUITE E
SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-1266471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVANS, CERI
1394 COUNTY HIGHWAY 283S
SUITE 11
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

GIVANS, CERI
32 E. CO. HWY. 30-A
SUITE E
SANTA ROSA BEACH, FL 32459 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEXTON, MICHELLE L
Address: 206 SEABREEZE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGRM () Delete
Name: GIVANS, CERI B
Address: 459 MONTIGO AVE N
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MICHELLE L. SEXTON

MGRM

04/30/2008

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