

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099948

FILED
Feb 28, 2008
Secretary of State

Entity Name: CASEY KEY VACATIONS AND PROPERTIES LLC

Current Principal Place of Business:

5721 GARAFOLA AVE.
NORTH PORT, FL 34286 US

New Principal Place of Business:

7733 34TH CT E
SARASOTA, FL 34243 US

Current Mailing Address:

5721 GARAFOLA AVE.
NORTH PORT, FL 34286 US

New Mailing Address:

7733 34TH CT E
SARASOTA, FL 34243 US

FEI Number: 56-2616556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, NATALIE
5721 GARAFOLA AVE.
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

FOSTER, NATALIE
7733 34TH CT E
SARASOTA, FL 34243 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: NATALIE FOSTER

02/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, NATALIE
Address: 5721 GARAFOLA AVE.
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR () Delete
Name: HENDRIX, GREG
Address: 5721 GARAFOLA AVE.
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FOSTER, NATALIE
Address: 7733 34TH CT E
City-St-Zip: SARASOTA, FL 34243 US

Title: VP (X) Change () Addition
Name: FOSTER, JAMES
Address: 7733 34TH CT E
City-St-Zip: SARASOTA, FL 34243 US

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: NATALIE FOSTER

P

02/28/2008

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