## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111816

City-St-Zip:

Entity Name: FANTASTIC VACATIONS, LLC

FILED May 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1835 EAST HALLANDALE BLVD 721 S 21 AVE HOLLYWOOD, FL 33020 370 HALLANDALE, FL 33009 **New Mailing Address: Current Mailing Address:** 1835 EAST HALLANDALE BLVD HALLANDALE, FL 33009 FEI Number: 20-5910306 FEI Number Applied For ( ) 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: JACLA INVESTMENTS, INC 1835 E HALLANDALE BLVD HALLANDALE, FL 33009 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GARCERANT, JAVIER F Name: Name: Address: 1835 E HALLANDALE BLVD # 370 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: GARCERANT, CLAUDIA M Name: Address: 1835 E HALLANDALE BLVD # 370 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GARCERANT, MARIA C Name: Name: 1835 EAST HALLANDALE BLVD Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: Name: WAIZER, DAVID Address: Address: 721 S 21 AVE

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.

City-St-Zip:

HOLLYWOOD, FL 33020

SIGNATURE: JAVIER GARCERANT MGRM 05/18/2007