

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113417

FILED
Apr 06, 2009
Secretary of State

Entity Name: AGA VACATION HOME, LLC

Current Principal Place of Business:

1531 SE 36 AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1531 SE 36 AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 06-1829117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODING, W. JAMES III
1531 SE 36 AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: GOODING, W. JAMES III
Address: 1531 SE 36 AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: AUSLEY, KENNETH C
Address: 1521 SE 36TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: AUSLEY, STEVEN J
Address: 1521 SE 36TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: AUSLEY, KENNETH C
Address: 1521 SE 36 AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Change () Addition
Name: AUSLEY, STEVEN J
Address: 1521 SE 36 AVENUE
City-St-Zip: OCALA, FL 34471

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: W. JAMES GOODING III

MGR

04/06/2009

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