

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115009

**FILED**  
**Aug 09, 2007**  
**Secretary of State**

**Entity Name:** ST. GEORGE ISLAND VACATION PROPERTIES, LLC

**Current Principal Place of Business:**

45 EAST 1ST STREET  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

235 W. GULF BEACH DRIVE  
SUITE E  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

45 EAST 1ST STREET  
ST. GEORGE ISLAND, FL 32328

**New Mailing Address:**

235 W. GULF BEACH DRIVE  
SUITE E  
ST. GEORGE ISLAND, FL 32328

**FEI Number:** 20-5966345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GALLOWAY, JEFFREY S  
45 EAST 1ST STREET  
ST. GEORGE ISLAND, FL 32328      US

**Name and Address of New Registered Agent:**

COLSON, SCOTT  
235 W. GULF BEACH DRIVE  
SUITE E  
ST. GEORGE ISLAND, FL 32328      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: SCOTT COLSON

08/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CRAWFORD, MARTI  
Address: 45 EAST 1ST STREET  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CRAWFORD, MARTI  
Address: 235 W. GULF BEACH DRIVE, SUITE E  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

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: MARTI CRAWFORD

MGR

08/09/2007

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