

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115009

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

**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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLSON, SCOTT  
Address: 235 W. GULF BEACH DRIVE, SUITE E  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGMB ( ) Delete  
Name: HALDOPOULOS, DEAN  
Address: 2106 N PONCE DE LEON AVE  
City-St-Zip: ATLANTA, GA 30307

**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: SCOTT COLSON

MGR

05/01/2009

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