

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116054

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** ALTERNATIVE VACATION SOLUTIONS, LLC

**Current Principal Place of Business:**

100 E. PINE STREET, SUITE 208  
ORLANDO, FL 32801

**New Principal Place of Business:**

121 S ORANGE AVE STE 1220  
ORLANDO, FL 32801

**Current Mailing Address:**

100 E. PINE STREET, SUITE 208  
ORLANDO, FL 32801

**New Mailing Address:**

121 S ORANGE AVE STE 1220  
ORLANDO, FL 32801

FEI Number: 20-5990673      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:**

PARKES, SEAN C  
100 E. PINE STREET, SUITE 208  
ORLANDO, FL 32801      US

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

PARKES & HOLLY, LLC  
121 S ORANGE AVE STE 1220  
ORLANDO, FL 32801      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: SEAN C. PARKES

05/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PARKES & HOLLY, LLC,  
Address: 121 S ORANGE AVE STE 1220  
City-St-Zip: ORLANDO, FL 32801

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: SEAN C. PARKES

MGR

05/14/2007

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