

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90078 030 ***138.75

DOCUMENT # L06000123157

1. Entity Name

MS VACATION GROUP, LLC



Principal Place of Business

24629 OAK ISLAND DRIVE
PASS CHRISTIAN MS 37571

Mailing Address

24629 OAK ISLAND DRIVE
PASS CHRISTIAN MS 37571



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8121139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEAT, DAVID B ESQ.
4477 LEGENDARY DRIVE
SUITE 202
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when consenting)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
BILLHIMER, TERRI L
STREET ADDRESS
24629 OAK ISLAND
CITY-ST-ZIP
PASS CHRISTIAN MS 37571 ☐ Delete

TITLE
NAME
MGR
Billhimer, Joseph
STREET ADDRESS
24629 OAK ISLAND DR.
CITY-ST-ZIP
Pass Christian, MS 39571 ☐ Change ☐ Addition

TITLE
NAME
MGRM
LUCAS, JON
STREET ADDRESS
850 BAYVIEW AVE.
CITY-ST-ZIP
BILOXI MS 37531 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-18-08

228452-0796

Date

Daytime Phone #