

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075423

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** FIRST CHOICE VACATION VILLAS, LLC.

**Current Principal Place of Business:**

1940 CRESTRIDGE DRIVE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 CRESTRIDGE DRIVE  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 74-3256911      **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:**

PROCACCI, SHANNON M  
1940 CRESTRIDGE DRIVE  
CLERMONT, FL 34711 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:** MGRM  
**Name:** PROCACCI, SHANNON  
**Address:** 1940 CRESTRIDGE DRIVE  
**City-St-Zip:** CLERMONT, FL 34711 US

I hereby 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: SHANNON PROCACCI

MGRM

05/06/2010

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