2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078884

Entity Name: HAVE TRAVEL - MEMORIES VACATIONS, LLC

FILED Apr 13, 2009 Secretary of State

88 DOMINICA CT

MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

88 DOMINICA CT

MIRAMAR BEACH, FL 32550

FEI Number: 51-0644257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TINGLE, D. CRAIG ESQ.
320 HARBOR BLVD., STE. 205
DESTIN, FL 32541 US
TINGLE, D. CRAIG ESQ.
3822 MISTY WAY
DESTIN, FL 32541 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: 04/13/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

Name: HAVERFIELD, JODELL
Address: 5053 BEACHWALK WAY

City-St-Zip: MIRAMAR BEACH, FL 32550

 Title:
 MGR
 () Delete

 Name:
 HAVERFIELD, DAVID HANSEL

 Address:
 5053 BEACHWALK WAY

 City-St-Zip:
 MIRAMAR BEACH, FL 32550

Title: () Delete

Name: Address: City-St-Zip:

Address:

City-St-Zip:

Title: () Delete

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition Name: HAVERFIELD, JODELL

Address: 88 DOMINICA CT City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGR (X) Change () Addition

Name: HAVERFIELD, DAVID Address: 88 DOMINICA CT

City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MR () Change (X) Addition

Name: HAVERFIELD, JASON Address: 109 DOMINICA CT

City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MR () Change (X) Addition

Name:HAVERFIELD, TRAVISAddress:200 SANDESTIN LNCity-St-Zip:MIRAMAR BEACH, FL32550

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: JODELL HAVERFIELD MRS 04/13/2009