

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114136

FILED
Jan 17, 2009
Secretary of State

Entity Name: U.S. HOLIDAYS MANAGEMENT GROUP LLC

Current Principal Place of Business:

3501 W.VINE ST.
SUITE 130
KISSIMMEE, FL 34741 US

New Principal Place of Business:

532 CAGAN PARK AVE.
SUITE 6
CLERMONT, FL 34714 US

Current Mailing Address:

3501 W.VINE ST.
SUITE 130
KISSIMMEE, FL 34741 US

New Mailing Address:

532 CAGAN PARK AVE.
SUITE 6
CLERMONT, FL 34714 US

FEI Number: 26-1397154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANTE, JOHN M
392 W.OSCEOLA ST.
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: MGR () Delete
Name: VILLANTE, JOHN M
Address: 392 W.OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM (X) Delete
Name: VILLANTE, JOHN G
Address: 1119 ATHLONE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: VILLANTE, RUTH-ANN
Address: 392 W.OSCEOLA ST.
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M. VILLANTE

MGRM

01/17/2009

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