2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L07000117977

Entity Name: VACATION CARD SERVICES LLC

Current Principal Place of Business:

13727 BLUEBIRD POND ROAD
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

14900 EAST ORANGE LAKE BLVD
BOX 242
KISSIMMEE, FL 34747 US

New Mailing Address:

13727 BLUEBIRD POND ROAD
WINDERMERE, FL 34786 US

FEI Number: 26-1484540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, PAULINE
13727 BLUEBIRD POND ROAD
WINDERMERE, FL 34786 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 ( ) Delete
Name: AUSTON, ELAINE
Address: 2904 PADDINGTON WAY
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM ( ) Delete
Name: LOWE, PAULINE
Address: 13727 BLUEBIRD POND ROAD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

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: ELAINE AUSTON MM 04/08/2009

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