

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000786

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: ALL ABOUT U VACATIONS, LLC

## Current Principal Place of Business:

11030 STATE ROAD 52  
HUDSON, FL 34669

## New Principal Place of Business:

## Current Mailing Address:

11030 STATE ROAD 52  
HUDSON, FL 34669

## New Mailing Address:

FEI Number: 45-0584172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INNER PHONE SYSTEMS INC  
11038 STATE ROAD 52  
HUDSON, FL 34669 US

## Name and Address of New Registered Agent:

GRAGNANIELLO, THOMAS  
11030 STATE ROAD 52  
HUDSON, FL 34669 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: THOMAS GRAGNANIELLO

02/13/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: GRAGNANIELLO, THOMAS  
Address: 11030 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34669

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: VP ( ) Change (X) Addition  
Name: GAFFNEY, ANGELIA  
Address: 6609 SEAVIEW BLVD  
City-St-Zip: HUDSON, FL 34667

Title: SEC ( ) Change (X) Addition  
Name: WAGNER, CYNITHIA  
Address: 7336 HAIWATHA PARKWAY  
City-St-Zip: SPRING HILL, FL 34606

Title: TRES ( ) Change (X) Addition  
Name: GRAGNANIELLO, ALLISON  
Address: 13120 MISTY LANE  
City-St-Zip: HUDSON, FL 34669

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: THOMAS GRAGNANIELLO

PRES

02/13/2008

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