2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034817

Address:

City-St-Zip:

Entity Name: FLORIDA ONE STOP VACATION SHOP, LLC

FILED Jun 26, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|--|-------------------------------------|---|--|
| 153 AVENIDA MESSINA SARASOTA, FL 34242 | | | 5111 OCEAN BLVD SUITE G SARASOTA, FL 34242 | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX 2383 SARASOTA, FL | 34230 | | | |
| In accordance with | 5151 FEI Number Applied For () s. 607.193(2)(b), F.S., the limited liability compa ess of Current Registered Agent: | any did not receive the prior notic | Certificate of Status Desired () e. of New Registered Agent: | |
| HARRISON, R. C 1605 MAIN STRE LYONS BEAUDR SARASOTA, FL | ET SUITE 1111 Y & HARRISON, P.A. | | | |
| The above named in the State of Flo | d entity submits this statement for the pur rida. | pose of changing its registere | ed office or registered agent, or both | |
| SIGNATURE: | | | | |
| | Electronic Signature of Registered Agent | | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: Name: | () Delete | Title: MGR Name: DEAR. RIC | ()Change(X)Addition CHARD K MGR | |

PO BOX 2383

SARASOTA, FL 34230

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: RICHARD K DEAR MGR 06/26/2009