2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# L09000015737

Entity Name: BONE ISLAND VACATION RENTALS, LLC

Current Principal Place of Business:

219 SIMONTON STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

219 SIMONTON STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 26-4263396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, KEN
219 SIMONTON STREET
KEY WEST, FL 33040 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
Name: MANASCO, CONNIE
Address: 3023 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM
Name: ANGEL-SCHULTZ, DEBORAH
Address: 219 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM
Name: MANASCO, JOHN
Address: 3023 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM
Name: SCHULTZ, KEN
Address: 219 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 Statues.

SIGNATURE: CONNIE MANASCO MGRM 01/19/2012

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