


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90076 040 ****50.00

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|---|---|--|--|---|--|
| DOCUMENT # M03000001095 1. Entity Name VACATION ESCAPES, LLC | | | |  | |
| Principal Place of Business 428 WILSON PIKE CIRCLE BRENTWOOD, TN 37027 | | | Mailing Address 428 WILSON PIKE CIRCLE BRENTWOOD, TN 37027 | | |
| 2. Principal Place of Business 238 Bedford Way Suite, Apt. #, etc. | | 3. Mailing Address 238 Bedford Way Suite, Apt. #, etc. | | | |
| City & State Franklin, TN Zip 37064 Country USA | | City & State Franklin, TN Zip 37064 Country USA | | 4. FEI Number 06-1663230 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 01242005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent KELLAR, LARRY D 5514 N. DAVIS HIGHWAY, SUITE 105 PENSACOLA, FL 32503 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BANKEMPER, JOSEPH 4175 TRINITY ROAD FRANKLIN, TN 37067 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TEMPLE, DAVID W 9186 WESTON DRIVE BRENTWOOD, TN 37027 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10 Camel Back Court Brentwood, TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HILL, BRAD 822 WOODBURN DRIVE BRENTWOOD, TN 37027 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SUDKAMP, JAY 4009 WOODBURN DRIVE LEXINGTON, KY 40513 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4009 Palomare Blvd. Lexington, KY 40513 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SLINKARD, PAUL 9379 SMITHSON LANE BRENTWOOD, TN 37027 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8 Angel Trace Brentwood, TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date 1/25/05 Daytime Phone # | |