

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001095

Entity Name: VACATION ESCAPES, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

238 BEDFORD WAY
FRANKLIN, TN 37064

New Principal Place of Business:

Current Mailing Address:

238 BEDFORD WAY
FRANKLIN, TN 37064

New Mailing Address:

FEI Number: 06-1663230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLAR, LARRY D
5514 N. DAVIS HIGHWAY, SUITE 105
PENSACOLA, FL 32503 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: MGR () Delete
Name: BANKEMPER, JOSEPH
Address: 4175 TRINITY ROAD
City-St-Zip: FRANKLIN, TN 37067

Title: MGR () Delete
Name: TEMPLE, DAVID W
Address: 10 CAMEL BACK COURT
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR () Delete
Name: HILL, BRAD
Address: 822 WOODBURN DRIVE
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR () Delete
Name: SUDKAMP, JAY
Address: 4009 PALOMARE BLVD
City-St-Zip: LEXINGTON, KY 40513

Title: MGR () Delete
Name: SLINKARD, PAUL
Address: 8 ANGEL TRACE
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES:

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

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

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

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 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: JOSEPH BANKEMPER

MGR

01/18/2006

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