2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000001095

1. Entity Name
VACATION ESCAPES, LLC

Principal Place of Business	Mailing Address
104 WOODMONT BLVD STE 410 NASHVILLE, TN 37205	104 WOODMONT BLVD STE 410 NASHVILLE, TN 37205

DO NOT WRITE IN THIS SPACE

04222008No Chg-LLC CR2E083 (12/07)

4. FEI Number
06-1663230

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLAR, LARRY D
5514 N. DAVIS HIGHWAY, SUITE 105
PENSACOLA, FL 32503

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BANKEMPER, JOSEPH
STREET ADDRESS	4175 TRINITY ROAD
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	MGR
NAME	TEMPLE, DAVID W
STREET ADDRESS	10 CAMEL BACK COURT
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGR
NAME	HILL, BRAD
STREET ADDRESS	822 WOODBURN DRIVE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGR
NAME	SUDKAMP, JAY
STREET ADDRESS	4009 PALOMARE BLVD
CITY-ST-ZIP	LEXINGTON, KY 40513
TITLE	MGR
NAME	SLINKARD, PAUL
STREET ADDRESS	8 ANGEL TRACE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000321429
05/15/08-80006-011 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #