2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# M03000001095

Entity Name: VACATION ESCAPES, LLC

Current Principal Place of Business:

104 WOODMONT BLVD STE 410
NASHVILLE, TN 37205

New Principal Place of Business:

Current Mailing Address:

104 WOODMONT BLVD STE 410
NASHVILLE, TN 37205

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 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: MARILYN PLACE ACCT 02/05/2009

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