

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001037

Entity Name: VACATIONTREE, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

501 E JACKSON STREET #300
ORLANDO, FL 32801

New Principal Place of Business:

801 N MAGNOLIA AVENUE
#402
ORLANDO, FL 32803

Current Mailing Address:

501 E JACKSON STREET #300
ORLANDO, FL 32801

New Mailing Address:

801 N MAGNOLIA AVENUE
#402
ORLANDO, FL 32803

FEI Number: 20-1953213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDIGREE, STEVE
501 E JACKSON STREET #300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HARDIGREE, STEVE
801 N MAGNOLIA AVENUE #402
ORLANDO, FL 32803 US

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:

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARDIGREE, STEVE
Address: 501 E JACKSON STREET #300
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: SUSSMAN, ROBERT
Address: 1315 BARBARA DR
City-St-Zip: VISTA, CA 92084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARDIGREE, STEVE
Address: 801 N MAGNOLIA AVENUE #402
City-St-Zip: ORLANDO, FL 32803

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: STEVE HARDIGREE

MGRM

04/30/2006

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