

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001201

FILED
Jul 03, 2007
Secretary of State

Entity Name: VACATION ACQUISITION, LLC

Current Principal Place of Business:

301 PERIMETER CENTER NORTH, SUITE 500
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

301 PERIMETER CENTER NORTH, SUITE 500
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 55-0887007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPUR, ROBERTO
Address: 301 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: MGR () Delete
Name: RODRIGUEZ, LOURDES
Address: 301 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES:

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: EDWARD COLLISTER

CFO

07/03/2007

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