

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003102

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** SUNCOAST VACATIONS RENTALS, L.L.C.

**Current Principal Place of Business:**

3639 GULFSHORES PARKWAY  
SUITE 1  
GULF SHORES, AL 36542

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 346  
GULF SHORES, AL 36547

**New Mailing Address:**

PO BOX 346  
SUITE 1  
GULF SHORES, AL 36547

**FEI Number:** 20-1452796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, G. THOMAS  
510 E. ZARAGOZA STREET  
PENSACOLA, FL 32502 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: MGRM  
Name: BODENHAMER, DAVID L  
Address: P.O. BOX 346  
City-St-Zip: GULF SHORES, AL 36547

Title: MGRM  
Name: JULIAN, TRAVIS  
Address: P.O. BOX 346  
City-St-Zip: GULF SHORES, AL 36547

Title: CFOB  
Name: AVINGER, PATRICK L  
Address: PO BOX 346  
City-St-Zip: GULF SHORES, AL 36547

I hereby 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: PATRICK L AVINGER

CFOB

01/25/2010

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