2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

	AIIIIVAL	KELOKI			07, 2000 00
DOCUMENT # M0700004571 1. Entity Name PRIVATE ESCAPES PREMIERE SANTA ROSA BEACH, LLC				S	ecretary of
Principal Plac 314 E MOUN FT COLLINS,	ITAIN AVE STE 101	Mailing Address 314 E MOUNTAIN AVE STE 10 FT COLLINS, CO 80524	1		
DO NOT WRITE IN THIS SPA			04012008 No Chg-LLC CR2E083 (12/07) 4. FE! Number Applied For		
_		3.7.		4. FEI Number 20-8969542	Not Applicable
		•		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
NRAI SERVICES INC 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for lions of registered agent.	the purpose of changing its register	Led office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registere	d Agent signature required	when (sinstaling)	DATE
FILE After May	NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			- 1996686 - 04/16/08-8	982851 30057–021 138.75
9.	MANAGING MEMBER	S/MANAGERS			
FITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIVATE ESCAPES, LLC 314 E MOUNTAIN AVE STE 101 FT COLLINS, CO 80524				
HILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO NOT WR	RITE
TITLE NAME			1	IN THIS SPA	CE

11. Thereby certify that the information supplied with this filling 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 research or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
HILLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4110

Daytime Phone #