

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005304

Entity Name: HOLIDAY PLANNERS LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

18942 STATE HWY 13, STE. F-328
BRANSON WEST, MO 65737

New Principal Place of Business:

258 PRITCHARD HOLLER
REEDS SPRING, MO 65737

Current Mailing Address:

18942 STATE HWY 13, STE. F-328
BRANSON WEST, MO 65737

New Mailing Address:

FEI Number: 20-2026862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH, SUITE 101-330
NAPLES, FL 34102 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 () Delete
Name: BROWN, SHEREE
Address: 18942 STATE HWY 13, STE. F-328
City-St-Zip: BRANSON WEST, MO 65737

Title: MGRM () Delete
Name: BROWN, JEFF
Address: 18942 STATE HWY 13, STE. F-328
City-St-Zip: BRANSON WEST, MO 65737

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: BROWN, SHEREE
Address: 18942 STATE HWY 13, STE. F-328
City-St-Zip: BRANSON WEST, MO 65737

Title: P (X) Change () Addition
Name: BROWN, JEFF
Address: 18942 STATE HWY 13, STE. F-328
City-St-Zip: BRANSON WEST, MO 65737

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: SHEREE BROWN

CFO

03/27/2009

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