

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023770

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** CAPE SAN BLAS BED AND BREAKFAST, L.L.C.

**Current Principal Place of Business:**

4950 CAPE SAN BLAS ROAD  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

746 AMSTERDAM AVENUE NE  
ATLANTA, GA 30306

**New Mailing Address:**

**FEI Number:** 73-1658449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456 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: KUGLAR, BRITT  
Address: 746 AMSTERDAM AVE NE  
City-St-Zip: ATLANTA, GA 30306

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: BRITT KUGLAR

PRES

02/15/2010

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