## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000007555

Address:

City-St-Zip:

94 NORTH MAIN STREET

BLAKELY, GA 39823

Entity Name: SKINNY DIP PROPERTIES, LLC

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 94 NORTH MAIN STREET BLAKELY, GA 39823 **Current Mailing Address: New Mailing Address:** 94 NORTH MAIN STREET BLAKELY, GA 39823 FEI Number: 20-2173603 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: BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete O'BRIEN, WILLIAM T Name: Name: Address: 94 NORTH MAIN STREET Address: City-St-Zip: BLAKELY, GA 39823 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: HOBBS, HOLLY H Name: HOBBS, HOLLEY H Address: 94 NORTH MAIN STREET Address: 94 NORTH MAIN STREET City-St-Zip: BLAKELY, GA 39823 City-St-Zip: BLAKELY, GA 39823 Title: MGRM () Delete Title: () Change () Addition FOSTER, WILLIAM F Name: Name: 94 NORTH MAIN STREET Address: Address: City-St-Zip: BLAKELY, GA 39823 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: FOSTER, THERESA K Name:

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.

Address:

City-St-Zip:

SIGNATURE: HOLLEY H HOBBS MGRM 05/01/2009