

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068523

FILED
Apr 30, 2009
Secretary of State

Entity Name: LIMPKIN LODGE OPERATIONS, LLC

Current Principal Place of Business:

8320 W SUNRISE BLVD
STE 209
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8320 W SUNRISE BLVD
STE 209
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 13-4362016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, JOHN A
8320 W SUNRISE BLVD
STE 209
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

HARRIS, DARLENE
8320 W SUNRISE BLVD
STE 209
PLANTATION, FL 33322 US

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: DARLENE HARRIS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIS, DARLENE
Address: 6916 STIRLING ROAD
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR () Delete
Name: HARRIS, JOHN A
Address: 6916 STIRLING ROAD
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRIS, DARLENE
Address: 8320 W SUNRISE BLVD., 209
City-St-Zip: PLANTATION, FL 33322

Title: MGR (X) Change () Addition
Name: HARRIS, JOHN A
Address: 8320 W SUNRISE BLVD., 209
City-St-Zip: PLANTATION, FL 33322

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: DARLENE HARRIS

MGRM

04/30/2009

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