

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093767

Entity Name: 3RD BASE RESORTS, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

5871 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

1626 RINGLING #500
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 10210
FORT SMITH, AR 72917

New Mailing Address:

FEI Number: 20-5605374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, CHARLES G
5871 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

PALMER, BARBARA J
1626 RINGLING #500
SARASOTA, FL 34236 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: BARBARA J. PALMER

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHARLES G. PALMER INTER VIVOS TRUST
Address: 4134 GULF OF MEXICO DRIVE, SUITE 301
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, BARBARA J
Address: 1626 RINGLING #500
City-St-Zip: SARASOTA, FL 342236

Title: MGR () Change (X) Addition
Name: PALMER, CHARLES G
Address: 1626 RINGLING #500
City-St-Zip: SARASOTA, FL 34236

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: BARBARA J. PALMER

MGRM

04/08/2009

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