

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000073754

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LITTLE ABACO LODGE, LLC

**Current Principal Place of Business:**

4840 S. PENINSULA DR.  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4840 S. PENINSULA DR.  
PONCE INLET, FL 32127

**New Mailing Address:**

**FEI Number:** 26-2333018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHARPLES, LINDA  
4840 S. PENINSULA DR.  
PONCE INLET, FL 32127 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:** MGR  
**Name:** SHARPLES, KENT  
**Address:** 4840 S. PENINSULA DR.  
**City-St-Zip:** PONCE INLET, FL 32127

**Title:** MGR  
**Name:** PATERSON, WILLIAM  
**Address:** P.O. BOX 350653  
**City-St-Zip:** PALM COAST, FL 32135

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:** KENT SHARPLES

MGR.

01/05/2011

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