

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007565

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NATURE COAST EXPEDITIONS, LLC

**Current Principal Place of Business:**

12717 STATE ROAD 24  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 218  
CEDAR KEY, FL 326250218

**New Mailing Address:**

P.O. BOX 125  
CEDAR KEY, FL 326250218

FEI Number: 59-3663580      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:**

HITT, TERRY  
12727 STATE ROAD 24  
CEDAR KEY, FL 32625      US

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

KELLEY, PIERCE R JR  
3011 D STREET  
CEDAR KEY, FL 32625      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: PIERCE R KELLEY

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HITT, TERRY  
Address: 12717 STATE ROAD 24  
City-St-Zip: CEDAR KEY, FL 32625

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HITT, TERRENCE C  
Address: PO BOX 125, 12717 STATE ROAD 24  
City-St-Zip: CEDAR KEY, FL 32625

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: TERRENCE C HITT

MGR

05/01/2009

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