

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007262

FILED
Jan 21, 2008
Secretary of State

Entity Name: RECREATION SOLUTIONS, L.L.C.

Current Principal Place of Business:

1386 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

1418 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957

Current Mailing Address:

1386 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957

New Mailing Address:

1418 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAER, JEAN
1386 SANDCASTLE RD
SANIBEL ISLAND, FL 33957 US

Name and Address of New Registered Agent:

BAER, JEAN
1418 SANDCASTLE RD
SANIBEL ISLAND, FL 33957 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:

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAER, JEAN
Address: 1386 SANDCASTLE RD
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM () Delete
Name: BAER, JEAN
Address: 1386 SANDCASTLE RD
City-St-Zip: SANIBEL ISLAND, FL 33957

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAER, JEAN
Address: 1418 SANDCASTLE RD
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM (X) Change () Addition
Name: BAER, JEAN
Address: 1418 SANDCASTLE RD
City-St-Zip: SANIBEL ISLAND, FL 33957

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: JEAN BAER

MGRM

01/21/2008

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