

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009022

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SIAM GARDEN RESORT GROUP, LLC

**Current Principal Place of Business:**

519 58TH STREET  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

417 CLARK DRIVE  
HOLMES BEACH, FL 34217

**Current Mailing Address:**

POST OFFICE BOX 1157  
HOLMES BEACH, FL 34218

**New Mailing Address:**

FEI Number: 65-1111459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKMAN LAW GROUP PL  
9080 58TH DR E - SUITE 200  
BRADENTON, FL 34202 US

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

JUDD, ULRICH SCARLETT, WICKMAN & DEAN PA  
2940 S TAMIAMI TRAIL  
SARASOTA, FL 34239 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: JOHN WICKMAN

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, SOPHAPHAN  
Address: PO BOX 1157  
City-St-Zip: HOLMES BEACH, FL 34218

Title: MGRM ( ) Delete  
Name: DAVIS, ROBERT  
Address: PO BOX 1157  
City-St-Zip: HOLMES BEACH, FL 34218

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT DAVIS

MGRM

01/14/2009

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