


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 13, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L01000015598  
1. Entity Name  
SUN TAN TERRACE BAY RESORT, LLC



Principal Place of Business: 117 CASEY KEY ROAD, NOKOMIS FL 34275  
Mailing Address: P.O. BOX 578, ZEPHYRHILLS FL 33539



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

4. FEI Number: 65-1137056  
Applied For: Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
YOUNG REFFITT, LINDA  
117 CASEY KEY ROAD  
NOKOMIS FL 34275

7. Name and Address of New Registered Agent  
Name:  
Street Address (P.O. Box Number is Not Acceptable):  
City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered agent's name required when changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS


TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
MGRM	YOUNG-KEFFIT, LINDA	117 CASEY KEY ROAD	NOKOMIS FL 34275	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000826311  
02/21/08-80044-018 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE: 

Feb 10, 2008 813 782-5405