

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003687

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOVE CREEK LODGE, LLC

Current Principal Place of Business:

147 SEASIDE AVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

147 SEASIDE AVE
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 82-0542932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLBENHEYER, HOWARD
139 SEASIDE AVE
KEY LARGO, FL 33037 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: MGRM () Delete
Name: PERRY, CRAIG
Address: 825 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: KATSIKAS, PAUL
Address: 12390 SW 82ND AVE
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: REARDON, ERIC
Address: 18629 SW 107TH AVE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: KOLBENHEYER, HOWARD
Address: 139 SEASIDE AVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

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

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

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: CRAIG PERRY

MGRM

04/30/2009

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