

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031500

FILED
May 01, 2010
Secretary of State

Entity Name: DUFFY'S TAVERN OF ANNA MARIA ISLAND, LLC

Current Principal Place of Business:

5808 MARINA DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

5808 MARINA DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 14-1857695 **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:

Name and Address of New Registered Agent:

GEYER, PATRICIA A
206 N. HARBOR DRIVE
HOLMES BEACH, FL 34217 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GEYER, PATRICIA A MRS
Address: 206 N. HARBOR DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR
Name: DAVENPORT, MARGARET A MRS
Address: 4911 18TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: MGR
Name: GEYER, PAMELA A MISS
Address: 7808 2ND AVE NW
City-St-Zip: BRADENTON, FL 34209

Title: MGR
Name: STROUP, POLLI A MRS
Address: 910 63RD ST W
City-St-Zip: BRADENTON, FL 34209

Title: MGR
Name: REID, PATRICIA A MRS
Address: P.O. BOX 1657
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR
Name: GEYER, PENNI A MISS
Address: 206 N HARBOR DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

I hereby 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: PATRICIA GEYER

MGRM

05/01/2010

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