

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021897

Entity Name: WATAUGA 81, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

6950 CHEROKEE AVE.
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2298
LABELLE, FL 33975

New Mailing Address:

FEI Number: 71-0951991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLARD, BARBARA N CPA
381 SR 80W (P.O. BOX 2298)
LABELLE, FL 33975 US

Name and Address of New Registered Agent:

WILLARD, BARBARA N CPA
381 SR 80W
LABELLE, FL 33935 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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLARD, BARBARA N
Address: 6950 CHEROKEE AVE.
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM (X) Delete
Name: BOBACK, JAMES
Address: 6765 GARLAND ST
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: COSS, ROBERT
Address: 3204 RIVER GROVE CIR
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM () Delete
Name: REGO, LYNN
Address: 12621 EAGLE RD
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM () Delete
Name: SCOTT, DUANE
Address: 101 PAULA AVE N
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: ELYSIUM VENTURES, LL, C
Address: 13450 CORAL DR SE
City-St-Zip: FORT MYERS, FL 33908

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:

Title: MGRM (X) Change () Addition
Name: K DON WASKOM TRUST,
Address: 2033 MAIN ST.
City-St-Zip: SARASOTA, FL 34237

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: BARBARA N WILLARD

MGRM

03/19/2009

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