

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039690

Entity Name: HERNANDO SEASIDE, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

11816 ARANDA CT
HUDSON, FL 34667 US

New Principal Place of Business:

1201 HOLLYWOOD AVE
CLEARWATER, FL 33759 US

Current Mailing Address:

P.O. BOX 277
MAGGIE VALLEY, NC 34667 US

New Mailing Address:

P.O. BOX 277
MAGGIE VALLEY, NC 28751 US

FEI Number: 34-1991924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMANN, JOHN W
11816 ARANDA CT.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

LEHMANN, JOHN W
1201 HOLLYWOOD AVE.
CLEARWATER, FL 33759 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEHMANN, JOHN W LMP
Address: 11816 ARANDA CT.
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: CARROL, DOYLE A LMP
Address: 11816 ARANDA CT.
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEHMANN, JOHN W LMP
Address: 1201 HOLLYWOOD AVE.
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGRM (X) Change () Addition
Name: CARROL, DOYLE A LMP
Address: 1201 HOLLYWOOD AVE
City-St-Zip: CLEARWATER, FL 33759 US

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: JOHN W. LEHMANN

LMP

04/23/2009

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