

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052899

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: FRIENDS OF SAN BLAS PLANTATION, LLC

**Current Principal Place of Business:**

313 SANDPIPER ROAD  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

313 SANDPIPER ROAD  
PORT ST. JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 61-1464107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWIDER, NANCY  
313 SANDPIPER ROAD  
PORT ST. JOE, FL 32456 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: CURD, PHILIP R MD  
Address: 6 WALKER BRANCH RD.  
City-St-Zip: SAND GAP, KY 40481 US

Title: MGRM ( ) Delete  
Name: CURD, TERRIE J  
Address: 6 WALKER BRANCH RD.  
City-St-Zip: SAND GAP, KY 40481 US

Title: MGRM ( ) Delete  
Name: SWIDER, NANCY  
Address: 313 SANDPIPER ROAD  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete  
Name: NATEKE, GEORGE  
Address: 2278 SMOKEY HOLLOW RD  
City-St-Zip: LODI, WI 53555

Title: MGRM ( ) Delete  
Name: NATZKE, NANCY  
Address: 2278 SMOKEY HOLLOW RD  
City-St-Zip: LODI, WI 53555

Title: MGRM ( ) Delete  
Name: ANDERSON, SUSAN E  
Address: 106 PLOVER  
City-St-Zip: PORT SAINT JOE, FL 32456

**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: MGRM (X) Change ( ) Addition  
Name: NATZKE, GEORGE  
Address: 2278 SMOKEY HOLLOW RD  
City-St-Zip: LODI, WI 53555

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: NANCY SWIDER

MGRM

03/18/2009

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