

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002016

Entity Name: HOLE N THE WATER, LLC

FILED  
Mar 17, 2006  
Secretary of State

**Current Principal Place of Business:**

11205 BRIDGE HOUSE ROAD  
WINDEMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8540  
STOCKTON, CA 95208 US

**New Mailing Address:**

FEI Number: 20-0572143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRIS, STUART R ESQ.  
7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

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

PALMA, ANTHONY MR.  
390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801 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: ANTHONY PALMA

03/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNNY DAVID DAMON I, NTERVIVOS TRUS T  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR ( ) Delete  
Name: DAMON FAMILY IRREVOC, ABLE TRUST  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

**ADDITIONS/CHANGES:**

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 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: JOHNNY D. DAMON

MGR

03/17/2006

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