

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002016

FILED
Apr 07, 2009
Secretary of State

Entity Name: HOLE N THE WATER, LLC

Current Principal Place of Business:

1204 SUNCAST LANE
SUITE 2
EL DORADO HILLS, CA 95762 US

New Principal Place of Business:

Current Mailing Address:

1204 SUNCAST LANE
SUITE 2
EL DORADO HILLS, CA 95762 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:

PALMA, ANTHONY MR.
390 N. ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801 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: JOHNNY DAVID DAMON I, NTERVIVOS TRUS T
Address: 1204 SUNCAST LN, STE 2
City-St-Zip: EL DORADO HILLS, CA 95762 US

Title: MGRM () Delete
Name: DAMON, MADELYN L MS.
Address: 1204 SUNCAST LN, STE 2
City-St-Zip: EL DORADO HILLS, CA 95762 US

Title: MGRM () Delete
Name: DAMON, JACKSON S MR.
Address: 1204 SUNCAST LN, STE 2
City-St-Zip: EL DORADO HILLS, CA 95762 US

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:

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: JOHNNY DAVID DAMON

MGRM

04/07/2009

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