

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010398

Entity Name: LITTLE RIVER CAMP, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

116 SAILOR'S COVE DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 598
PORT ST. JOE, FL 32457 US

New Mailing Address:

FEI Number: 37-1484015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
116 SAILOR'S COVE DRIVE
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: BIRMINGHAM, MATTHEW D
Address: 108 FOREMOST DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: MGRM () Delete
Name: GROOM, PAUL W II
Address: 116 SAILOR'S COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: SMILEY, WILLIAM J
Address: 401 CECIL G. COSTIN SR. BLVD.
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIRMINGHAM, MATTHEW D
Address: 218 E. RIVER ROAD
City-St-Zip: WEWAHITCHKA, FL 32465 US

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: PAUL W. GROOM II

MGRM

04/25/2007

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