

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059991

Entity Name: PERDIDO COVE, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

113 BAYBRIDGE PARK
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

113 BAYBRIDGE PARK
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 20-1981488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACQUEEN, JULIAN B
113 BAYBRIDGE PARK
GULF BREEZE, FL 32561 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: MACQUEEN, JULIAN B
Address: 113 BAYBRIDGE PARK
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM () Delete
Name: INNISFREE HOTELS, INC.
Address: 113 BAYBRIDGE PARK
City-St-Zip: GULF BREEZE, FL 32561 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 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: JULIAN B MACQUEEN

MGRM

04/02/2009

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