2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2008
Secretary of State

DOCUMENT# L04000064149

Entity Name: P & C RESORT, LLC

Current Principal Place of Business:

34299 HIGHWAY 27
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

34299 HIGHWAY 27
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-1623350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNER, MARK G
255 MAGNOLIA AVENUE
WINTER HAVEN, FL 338832295 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:	CLAYTON, RONALD	
Address:	34299 HIGHWAY 27	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	MGRM	( ) Delete
Name:	CLAYTON, PATRICIA	
Address:	34299 HIGHWAY 27	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	MGRM	( ) Delete
Name:	WALLACE, MARK	
Address:	34299 HIGHWAY 27	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	MGRM	( ) Delete
Name:	WALLACE, CAROLYN	
Address:	34299 HIGHWAY 27	
City-St-Zip:	HAINES CITY, FL 33844	

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:	( ) 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: PATRICIA CLAYTON MGRM 07/01/2008

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