

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065621

FILED
Mar 11, 2009
Secretary of State

Entity Name: SKI FRANZ, LLC

Current Principal Place of Business:

10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, THOMAS H
10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 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: EDWARDS, LINDA D
Address: 10032 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: DUNGEY, SCOTT W
Address: 10026 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: DUNGEY, ANESSA E
Address: 10026 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: DUNGEY, LOGAN T
Address: 10026 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: DUNGEY, LONDON S
Address: 10026 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: EDWARDS, THOMAS H
Address: 10032 SURREY FARMS LANE
City-St-Zip: TALLAHASSEE, FL 32312

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:

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: THOMAS H EDWARDS

MGRM

03/11/2009

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