2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90025 037 ****50 00

1. Enity Name KEEPERS ONLY FISHING RESORT, LLC							05-02-2006 9	0025 03	7 ****30	.00
Principal Place of Business 40 CRAWFORD DR LAKE PLACID, 33 33852			Mailing Address 5089 PLACID VIEW DR. LAKE PLACID, 33 33852							
2. Principal Place of Business			3. Mailing Address						7	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Numbe 20-1871				oplied For ot Applicable
Zip	ip Country		Zip Country		try	5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
FORD, NANCY E			Name							
5089 PLACID VIEW DR. LAKE PLACID, FL 33852			Street Address			(P.O. Box Number is Not Acceptable)				
					City			FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.						ed agent, or both	n, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed	tor printed name of registered agent	and title if applicable. (NOT	E: Registerer	d Agent signature required	I when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
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D		y 1, 2006	RS/MANAGERS	10			Florida	Departme	-	e
9.	ue by Ma			10. TITLE		-		Departme	ent of State	
D		y 1, 2006 MANAGING MEMBE	RS/MANAGERS Delete	10. Title			Florida	Departme	-	e Addition
9.	MGRM FORD, DA	y 1, 2006 MANAGING MEMBE		TITLE			Florida	Departme	ent of State	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM FORD, DA 5089 PLA LAKE PLA MGRM	MANAGING MEMBE AVID A CID VIEW DR ACID, FL 33852		TITLE NAMI STRE	ET ADDRESS -ST-ZIP		Florida	Departme	ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.