

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # L04000078626

1. Entity Name
KEEPERS ONLY FISHING RESORT, LLC



Principal Place of Business
**40 CRAWFORD DR
LAKE PLACID, 33 33852**

Mailing Address
**5089 PLACID VIEW DR.
LAKE PLACID, 33 33852**

DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1871516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORD, NANCY E
5089 PLACID VIEW DR.
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, DAVID A 5089 PLACID VIEW DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, NANCY E 5089 PLACID VIEW DR. LAKE PLACID, 33 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYTON, STEVEN E 40 CRAWFORD DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYTON, ELIZABTH D 40 CRAWFORD DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80023-008 50.00

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IN THIS SPACE**

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.

SIGNATURE: *Nancy E. Ford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *4/6/07*

Daytime Phone # _____