

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000078626

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** KEEPERS ONLY FISHING RESORT, LLC

**Current Principal Place of Business:**

40 CRAWFORD DR  
LAKE PLACID, 33 33852

**New Principal Place of Business:**

**Current Mailing Address:**

5089 PLACID VIEW DR.  
LAKE PLACID, 33 33852

**New Mailing Address:**

5089 PLACID VIEW DR.  
LAKE PLACID, FL 33852

**FEI Number:** 20-1871516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, NANCY E  
5089 PLACID VIEW DR.  
LAKE PLACID, FL 33852 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  
**Name:** FORD, DAVID A  
**Address:** 5089 PLACID VIEW DR.  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** MGRM  
**Name:** FORD, NANCY E  
**Address:** 5089 PLACID VIEW DR.  
**City-St-Zip:** LAKE PLACID, 33 33852

**Title:** MGRM  
**Name:** LAYTON, STEVEN E  
**Address:** 1242 DURRENCE RD  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** MGRM  
**Name:** LAYTON, ELIZABTH D  
**Address:** 1242 DURRANCE RD  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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:** NANCY E FORD

MGRM

04/09/2012

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