

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022877

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: COUNTRYTYME FLORIDA, LLC

**Current Principal Place of Business:**

1660 GATEWAY CIRCLE  
GROVE CITY, OH 43123 US

**New Principal Place of Business:**

**Current Mailing Address:**

1660 GATEWAY CIRCLE  
GROVE CITY, OH 43123 US

**New Mailing Address:**

FEI Number: 20-2460194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, MARK MR.  
671 HEIDELBERG COURT NW  
LANCASTER, FL 43130 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: MGR ( ) Delete  
Name: WILCOX, JAMES L  
Address: 1158 CARNOUSTIE CIRCLE  
City-St-Zip: GROVE CITY, OH 43123 US

Title: MGR ( ) Delete  
Name: GRAHAM, MARK  
Address: 671 HEIDELBERG COURT NW  
City-St-Zip: LANCASTER, OH 43130 US

Title: MGRM ( ) Delete  
Name: COUNTRYTYME DEVELOPM, ENT, LTD.  
Address: 1660 GATEWAY CIRCLE  
City-St-Zip: GROVE CITY, OH 43123 US

**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:

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: JAMES L. WILCOX

MGR

01/21/2009

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