

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000044193**

1. Entity Name  
**RIVERBOAT BETSY ANN, LLC**



Principal Place of Business  
**781 CHOCTAWHATCHEE RIVER ROAD  
BRUCE, FL 32455**

Mailing Address  
**781 CHOCTAWHATCHEE RIVER ROAD  
BRUCE, FL 32455**



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2900348**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARDY, RONALD E  
781 CHOCTAWHATCHEE RIVER ROAD  
BRUCE, FL 32455**

**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

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U000000829034  
02/25/08-80026-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARDY, RONALD E
STREET ADDRESS	781 CHOCTAWHATCHEE RIVER ROAD
CITY-ST-ZIP	BRUCE, FL 32455
TITLE	MGR
NAME	HARDY, KATHRYN J
STREET ADDRESS	781 CHOCTAWHATCHEE RIVER ROAD
CITY-ST-ZIP	BRUCE, FL 32455
TITLE	MGR
NAME	ACKERMAN, RICHARD K
STREET ADDRESS	144 SANDOLLAR DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	MGR
NAME	ACKERMAN, NANCY L
STREET ADDRESS	144 SANDOLLAR DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

11. I hereby certify that the information supplied with this filing, etc., is 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:**

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

**2-13-08**

Date

**850.233.7487**

Daytime Phone #