2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L05000077195

Entity Name: LOCO LAND PARTNERS LLC

Current Principal Place of Business:

170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

Current Mailing Address:

170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH, FL 32080

New Mailing Address:

FEI Number: 33-1122783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCULLOUGH, JOHN E
170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH, FL 32080 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	( ) Delete
Name:	MCCULLOUGH, JOHN E	
Address:	170 MAKARIOS DR, UNIT 2	
City-St-Zip:	ST. AUGUSTINE BEACH, FL 32080	
Title:	MGRM	( ) Delete
Name:	LOCASALE, TOM	
Address:	29 LINDA MAR DR.	
City-St-Zip:	ST. AUGUSTINE BEACH, FL 32080	
Title:	MGRM	( ) Delete
Name:	KUZIO, DAN	
Address:	180 OCEAN HIBISCUS DR, UNIT D-101	
City-St-Zip:	ST. AUGUSTINE BEACH, FL 32080	

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: JOHN MCCULLOUGH MGRM 03/25/2009

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