2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096966

Entity Name: ANNA MARIA BEACHCOTTAGES RENTAL COLLC

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 112 C OAK AVE ANNA MARIA, FL 34216 US **Current Mailing Address: New Mailing Address:** ANNA MARIA BEACH COTTAGES RENTAL CO LLC P O BOX 817 ANNA MARIA, FL 34216 FEI Number: 20-3569556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROFESSIONAL TAX CONSULTANTS INC PROFESSIONAL TAX CONSULTANTS INC 2225 E EDGEWOOD DR STE 14 2225 E EDGEWOOD DR STE 3 LAKELAND, FL 33803 LAKELAND, FL 33803 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: 01/22/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BRENNEMAN, TIM Name: Name: 125 SHADOW CREEK CHASE Address: Address: City-St-Zip: ALPHARETTA, GA 30022 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BURDA, DIANE Name: Name: Address: 2945 OXFORD AVE Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BEDICK, LORRAINE Name: Name: Address: 3498 PINE HAVEN CIR Address: City-St-Zip: BOCA RATON, FL City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HARDY, REBECCA Name: Address: 328 VAIL DRIVE Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CORBITT, JIM & SUE Name: Name: Address: 2723 MARLO WAY Address: City-St-Zip: LAKESIDE PARK, KY 41017 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANANICZ, STEPHEN Name: Name: Address: 6724 12TH AVE NW Address: BRADENTON, FL 34209 City-St-Zip: 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: DIANE BURDA MGRM 01/22/2008