

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096966

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANNA MARIA BEACHCOTTAGES RENTAL CO LLC

Current Principal Place of Business:

112 C OAK AVE
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

ANNA MARIA BEACH COTTAGES RENTAL CO LLC
P O BOX 817
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 20-3569556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL TAX CONSULTANTS INC
2225 E EDGEWOOD DR STE 3
LAKELAND, FL 33803 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: BRENNEMAN, TIM
Address: 125 SHADOW CREEK CHASE
City-St-Zip: ALPHARETTA, GA 30022 US

Title: MGRM () Delete
Name: BURDA, DIANE
Address: 2945 OXFORD AVE
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: BEDICK, LORRAINE
Address: 3498 PINE HAVEN CIR
City-St-Zip: BOCA RATON, FL

Title: MGRM () Delete
Name: HARDY, REBECCA
Address: 328 VAIL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: CORBITT, JIM & SUE
Address: 2723 MARLO WAY
City-St-Zip: LAKESIDE PARK, KY 41017

Title: MGRM () Delete
Name: ANANICZ, STEPHEN
Address: 6724 12TH AVE NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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Title: () Change () Addition
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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: DIANE BURDA

PRES

04/29/2009

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