

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102679

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE PROPERTY OWNERS OF CYBONEY RV, LLC

Current Principal Place of Business:

2078 SCENIC GULF DRIVE
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

PO BOX 6459
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 20-3925835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOMERVILLE, ROBERT
2078 SCENIC GULF DRIVE
CYBONEY R/V LOT 14
MIRAMAR BEACH, FL 32550 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: SOMERVILLE, ROBERT
Address: 2078 SCENIC GULF DRIVE, LOT 14
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete
Name: EDWARDS, SANDRA
Address: 2078 SCENIC GULF DR LOT 21
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete
Name: MCDERMOTT, BERNARD
Address: 2078 SCENIC GULF DR LOT 11
City-St-Zip: MIRAMAR BEACH, FL 32550

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: BERNARD MCDERMOTT

MGRM

02/25/2009

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