
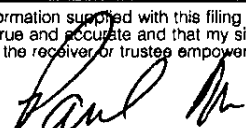


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L05000120491 1. Entity Name INDIAN FOREST CAMPGROUND, LLC		
Principal Place of Business 1505-A STATE ROAD 207 ST. AUGUSTINE, FL 32086	Mailing Address 1505-A STATE ROAD 207 ST. AUGUSTINE, FL 32086	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HORN, PAUL M 1505-A STATE ROAD 20 ST. AUGUSTINE, FL 32086		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORN, PAUL M 1505-A STATE ROAD 20 ST. AUGUSTINE, FL 32086	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does 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: 		2/27/08 984-824-3574 Date Daytime Phone #



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1698033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

U00000848606
03/20/08-80024-007 143.75

**DO NOT WRITE
IN THIS SPACE**