

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120491

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** INDIAN FOREST CAMPGROUND, LLC

**Current Principal Place of Business:**

1505-A STATE ROAD 207  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

1505-A STATE ROAD 207  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 84-1698033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HORN, PAUL M  
1505-A STATE ROAD 20  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

HORN, PAUL M  
1505-A STATE ROAD 207  
ST. AUGUSTINE, FL 32086 US

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: \_\_\_\_\_

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HORN, PAUL M  
Address: 1505-A STATE ROAD 20  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HORN, PAUL M  
Address: 1505-A STATE ROAD 207  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: PAUL HORN

MGR

03/19/2009

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