

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000004567

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** GAMEPLAN RESORT SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

1016 THOMAS DRIVE #124  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

5 MIRACLE STRIP LOOP #13  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

PO BOX 9006  
PANAMA CITY BEACH, FL 32417

**New Mailing Address:**

**FEI Number:** 20-4118327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRABB, A. LUNDY  
8009 B. SURF DRIVE  
PANAMA CITY BEACH, FL 32408 US

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

CRABB, A. LUNDY  
1016 THOMAS DRIVE #124  
PANAMA CITY BEACH, FL 32408 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEPHANI, GABRIEL C  
Address: 5 MIRACLE STRIP LOOP #13  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM  
Name: CRABB, MARY L  
Address: 1016 THOMAS DRIVE #124  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby 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: GABRIEL STEPHANI

VP

01/06/2011

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