

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014947

FILED
Mar 23, 2009
Secretary of State

Entity Name: PYRAMID HOSPITALITY AND DEVELOPMENT, LLC

Current Principal Place of Business:

C/O DARRELL M. HANSON
2500 MAIN STREET
FORT MYERS, FL 33931

New Principal Place of Business:

Current Mailing Address:

C/O TARI RINGELSTETTER
1025 THOROUGHbred LANE
DE PERE, WI 54115

New Mailing Address:

FEI Number: 20-4222884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, DARRELL M
2500 MAIN STREET
FORT MYERS, FL 33931 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: BERRY, DAWN M
Address: 806 S. LA LONDE AVENUE
City-St-Zip: LOMBARD, IL 60148

Title: MGRM () Delete
Name: ROBERT, KEVIN J
Address: 276 N. LA LONDE AVENUE
City-St-Zip: LOMBARD, IL 60148

Title: MGRM () Delete
Name: HANSON, DARRELL M
Address: 2500 MAIN STREET
City-St-Zip: FORT MYERS, FL 33931

Title: MGRM () Delete
Name: ARNOT, THOMAS D
Address: 720 LAKE JESSIE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERRY, DAWN M
Address: 8042 E. SOARING EAGLE WAY
City-St-Zip: SCOTTSDALE, AZ 85266

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: THOMAS D. ARNOT

MGRM

03/23/2009

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