

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029413

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: SUSANA PUNTA GORDA, LLC

**Current Principal Place of Business:**

TIRE HILL FARM  
CHURCH LANE, EAST HADDON  
NORTHAMPTONSHIRE, NN68DB, UK XX

**New Principal Place of Business:**

**Current Mailing Address:**

TIRE HILL FARM  
CHURCH LANE, EAST HADDON  
NORTHAMPTONSHIRE, NN68DB, UK XX

**New Mailing Address:**

FEI Number: 20-4540517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WOTITZKY, EDWARD L  
109 TAYLOR ST.  
PUNTA GORDA, FL 33950 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: KNAPP, MICHAEL P  
Address: 9 FOUNTAIN COURT  
City-St-Zip: OLNEY BUCKINGHAMSHIRE, UK MK464DG UK

Title: MGRM ( ) Delete  
Name: BARKER, JAMES  
Address: 430 OAKWOOD AVE  
City-St-Zip: DAYTON, OH 45409

**ADDITIONS/CHANGES:**

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: MICHAEL P KNAPP

MR

07/15/2009

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