

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087053

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** MYAKKA RIVER RV RESORT, LLC

**Current Principal Place of Business:**

10400 S TAMiami TRAIL  
VENICE, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

699 17TH STREET CAUSEWAY, SUITE B  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 20-5508484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRK, WILLIAM N ESQ.  
979 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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: PSD ( ) Delete  
Name: CAIN, JAMES B  
Address: 699 17TH STREET CAUSEWAY, STE B  
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES:**

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: JAMES B. CAIN

PSD

03/25/2009

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