

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097948

FILED
Feb 03, 2009
Secretary of State

Entity Name: ZACHARY TAYLOR CAMPING AND RV RESORT, LLC

Current Principal Place of Business:

139 LAKE CAROL DRIVE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

139 LAKE CAROL DRIVE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-8054956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAEFELE, BARRY J
139 LAKE CAROL DRIVE
WEST PALM BEACH, FL 33411 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: CEO () Delete
Name: CLIFFORD, CHRISTINE B
Address: 139 LAKE CAROL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: TRS () Delete
Name: HAEFELE, BARRY J
Address: 139 LAKE CAROL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SEC () Delete
Name: HAEFELE, VICTORIA C
Address: 139 LAKE CAROL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

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: VICTORIA C. HAEFELE

SEC

02/03/2009

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