

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019330

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** TERESA'S SLIP AT LEMON BAY LLC

**Current Principal Place of Business:**

6425 NW 54TH WAY  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6425 NW 54TH WAY  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DAVIDSON, ALBERT I  
4424 NW 13TH STREET  
SUITE C-2  
GAINESVILLE, FL 32609 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  
Name: DAVIDSON, TERESA  
Address: 6425 NW 54TH WAY  
City-St-Zip: GAINESVILLE, FL 32653

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: TERESA DAVIDSON

MRS

04/29/2012

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