

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L07000063275

1. Entity Name  
SALAMANDER INNISBROOK CONDOMINIUM, LLC



Principal Place of Business  
3074 ZULLA ROAD  
THE PLAINS, VA 20198

Mailing Address  
3074 ZULLA ROAD  
THE PLAINS, VA 20198

2. Principal Place of Business - No P.O. Box #

36750 US Highway 19N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

4. FEI Number

260442954

Applied For

Not Applicable

Zip

34684

Country

Pinellas

Zip

Country

03142008 Chg-LLC CR2E083 (12/06)

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, BEN  
C/O DLA PIPER US LLP  
101 E. KENNEDY BLVD, STE 2000  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE mgr  
NAME SALAMANDER FARMS LLC ☐ Delete  
STREET ADDRESS 3074 ZULLA RD  
CITY-ST-ZIP THE PLAINS VA 20198

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Sheila Johnson

3/18/08 703 879 7434

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #