03-20-2008 90179 012 ***138.75
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08 JUL 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA
30004389

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000063378

1. Entity Name
SALAMANDER INNISBROOK SECURITIES, LLC

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36750 US Highway 19 North	36750 US Highway 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL 34684	City & State: Palm Harbor, FL 34684
Zip: 34684 — Country: Pinellas	Zip: 34684 — Country: Pinellas

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 26-0442923 — Applied For / Not Applicable

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 EAST KENNEDY BOULEVARD, SUITE 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 reinstating) 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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Mgr NAME Salamander Innisbrook, LLC STREET ADDRESS 3074 Zulla Road CITY-ST-ZIP The Plains, VA 20198	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 03/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #