2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000068403

Entity Name: BIG SHELL ISLAND & HARBOURAGE, L.L.C.

Current Principal Place of Business:

16650 MCGREGOR BLVD., STE. 103
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16650 MCGREGOR BLVD., STE. 103
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEOHANE, MARIE
16650 MCGREGOR BLVD., STE. 103
FORT MYERS, FL 33908 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:	MGR	( ) Delete
Name:	KEOHANE, MARIE	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	KEOHANE, EDWARD L	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	KEOHANE, MICHAEL S	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	KEOHANE, SUSANN M	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	KEOHANE, MARK W	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	KEOHANE, EDWARD S	
Address:	16650 MCGREGOR BLVD., STE. 103	
City-St-Zip:	FORT MYERS, FL 33908	

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:	
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: MARIE KEOHANE MGR 04/28/2009

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