

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082241

FILED
Mar 31, 2008
Secretary of State

Entity Name: GASPARILLA PROPERTIES REFERRAL COMPANY, LL

Current Principal Place of Business:

411 PARK AVENUE
BOCA GRANDE, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1364
BOCA GRANDE, FL 33921

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:

STEWART, CAROL R
411 PARK AVENUE
BOCA GRANDE, FL 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 () Delete
Name: MELVIN, ROBERT A IV
Address: P.O. BOX 1364
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM () Delete
Name: STEWART, CAROL R
Address: P.O. BOX 1364
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM () Delete
Name: WOJCIK, RANDY
Address: P.O. BOX 1364
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM (X) Delete
Name: LOCKETT, CAROL
Address: P.O. BOX 1364
City-St-Zip: BOCA GRANDE, FL 33921

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:

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: CAROL STEWART

MGRM

03/31/2008

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