

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082241

FILED
Mar 24, 2009
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:

411 PARK AVENUE
SUITE 3
BOCA GRANDE, FL 33921

Current Mailing Address:

P.O. BOX 1364
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 26-0849766

FEI Number Applied For ()

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:

STEWART, CAROL R
411 PARK AVENUE
SUITE 3
BOCA GRANDE, FL 33921 US

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:

03/24/2009

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

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:

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 R. STEWART

MGRM

03/24/2009

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