

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089029

FILED
Apr 21, 2009
Secretary of State

Entity Name: LODGE HOLDING ENTERPRISES OF MILTON, LLC

Current Principal Place of Business:

5063 HIGHWAY 90
MILTON, FL 32571

New Principal Place of Business:

Current Mailing Address:

5063 HIGHWAY 90
MILTON, FL 32571

New Mailing Address:

FEI Number: 17-0022010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, BRIAN W
226 PALAFOX PLACE
NINTH FLOOR SEVILLE TOWER
PENSACOLA, FL 32502 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: FITZMAYER, BARBARA
Address: 5063 HIGHWAY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: MERCER, LAMAR
Address: 5063 HIGHWAY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: CHAVIS, WILLIAM
Address: 5063 HIGHWAY 90
City-St-Zip: MILTON, FL 32571

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FITZMAYER, BARBARA
Address: 5063 HIGHWAY 90
City-St-Zip: MILTON, FL 32571

Title: MGR (X) Change () Addition
Name: MERCER, LAMAR
Address: 5063 HIGHWAY 90
City-St-Zip: MILTON, FL 32571

Title: MGR (X) Change () Addition
Name: COCHRAN, WILLIAM JR
Address: 5092 BARBARA LN
City-St-Zip: MILTON, FL 32570

Title: MGRM () Change (X) Addition
Name: FLOWERS, JOE
Address: 4124 POLK AVE
City-St-Zip: MILTON, FL 32571

Title: MGR () Change (X) Addition
Name: PEADEN, DEBBIE
Address: 3614 AUBREY LN
City-St-Zip: PACE, FL 32571

Title: MGRM () Change (X) Addition
Name: LEE, BRIAN
Address: 2600 W MICHIGAN AVE # 10A
City-St-Zip: PENSACOLA, FL 32526

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: BARBARA FITZMAYER

MGR

04/21/2009

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