

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092107

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** HOLIDAY COVE RV RESORT, LLC

**Current Principal Place of Business:**

46 NORTH WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

46 NORTH WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 26-0901459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES, INC.  
46 NORTH WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236 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: CPST  
Name: RYMER, EDWARD  
Address: 650 GOLDEN GATE POINT 602  
City-St-Zip: SARASOTA, FL 34236

Title: V  
Name: GORIN, DAVID  
Address: POB 9928  
City-St-Zip: MC LEAN, VA 22102

I hereby 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: EDWARD RYMER

P

04/20/2010

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