

FILED
Jul 18, 2008 8:00 am
Secretary of State

01-22-2008 90123 042 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30010473



DOCUMENT # L07000093419			
1. Entity Name INDIALANTIC VILLA, LLC		Principal Place of Business 410 NORTH MIRAMAR AVENUE INDIALANTIC, FL 32903	
Mailing Address 410 NORTH MIRAMAR AVENUE INDIALANTIC, FL 32903		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		City & State	
Zip	Country	City & State	4. FEI Number
01072008	Chg-LLC	CR2E083 (12/06)	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PITNER, SHANNON T 410 NORTH MIRAMAR AVENUE INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PITNER, SHANNON T 410 NORTH MIRAMAR AVENUE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		Date: 1-8-08	Daytime Phone #: 321-724-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			