

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001689

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** TIGER ENCOUNTER AND REHABILITATION SANCTUARY, LLC

**Current Principal Place of Business:**

3465 MAEBERT ROAD  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

3495 MAEBERT ROAD  
MIMS, FL 32754

**New Mailing Address:**

FEI Number: 26-2953181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BOELKE, JOHN W  
3495 MAEBERT ROAD  
MIMS, FL 32754 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  
Name: LECLAIR, BRIAN  
Address: 3465 MAEBERT ROAD  
City-St-Zip: MIMS, FL 32754

Title: MGRM  
Name: BOELKE, JENNIFER C  
Address: 3495 MAEBERT ROAD  
City-St-Zip: MIMS, FL 32754

Title: MGR  
Name: BOELKE, JOHN W  
Address: 3495 MAEBERT ROAD  
City-St-Zip: MIMS, FL 32754

Title: MGR  
Name: HUDSON, CATHY  
Address: 3665 BURKHOLM RPAD  
City-St-Zip: MIMS, FL 32754

Title: MGR  
Name: LECLAIR, SHARON  
Address: 3465 MAEBERT ROAD  
City-St-Zip: MIMS, FL 32754

Title: MGRM  
Name: BARNETT, JAMES  
Address: 3050 CHEROKEE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

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: JOHN W BOELKE

MGR

04/27/2012

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