

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004688

FILED
Apr 13, 2009
Secretary of State

Entity Name: RESORT DEVELOPMENT FUNDING LLC

Current Principal Place of Business:

285 HARBOR BOULEVARD
SUITE A
DESTIN, FL 32541 US

New Principal Place of Business:

5908 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

Current Mailing Address:

285 HARBOR BOULEVARD
SUITE A
DESTIN, FL 32541 US

New Mailing Address:

5908 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOWD, JOHN R JR
285 HARBOR BOULEVARD
SUITE A
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

DUGGAN, KAREN L
5908 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 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: KAREN L. DUGGAN

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DUGGAN, THOMAS J
Address: 5908 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM () Change (X) Addition
Name: DUGGAN, KAREN L
Address: 5908 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: THOMAS J. DUGGAN

MGRM

04/13/2009

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