2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011457

Current Principal Place of Business:

MANAGING MEMBERS/MANAGERS:

MGRM

Name:

Address:

City-St-Zip:

OTT, GARY P

Entity Name: WEKIVA FALLS RESORT AND RV PARK, LLC

FILED Mar 23, 2009 Secretary of State

New Principal Place of Business:

ADDITIONS/CHANGES:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

| 1866 E. HIGH ST. POTTSTOWN, PA 19464 | | 2200 FLOWING SPRINGS ROAD CHESTER SPRINGS, PA 19425 | | |
|---|--------------------------------|--|---|--|
| Current Mailing Address: | | New Mailing Address: | | |
| 1866 E. HIGH ST. POTTSTOWN, PA 19464 | | 2200 FLOWING SPRINGS ROAD CHESTER SPRINGS, PA 19425 | | |
| FEI Number: 26-1889758 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| THORNTON, RANDALL N 2031 NORTH C-470 LAKE PANASOFFKEE, FL | • | | | |
| The above named entity su in the State of Florida. | bmits this statement for the p | urpose of changing its registered o | office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic | Signature of Registered Age | nt | Date | |

() Delete

3110 HORSESHOE TRAIL

GLENMOORE, PA 19343

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: GARY P OTT MR 03/23/2009