2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L08000013296

Entity Name: KAYUTAH KOTTAGE, LLC

Current Principal Place of Business:

1982 SR 44
STE. 216
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1982 SR 44
STE 216
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

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

Name and Address of Current Registered Agent:

LANDER, LAURIE C
1982 SR 44
STE. 216
NEW SMYRNA BEACH, FL 32168 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	( ) Delete
Name:	LANDER, LAURIE C	
Address:	1982 SR 44, STE 216	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	
Title:	M	(X) Delete
Name:	MANCUSO, STEPHANIE C	
Address:	2472 DARTMOUTH RD.	
City-St-Zip:	DELAND, FL 32724 US	
Title:	M	(X) Delete
Name:	CAMPBELL, BRUCE R	
Address:	2018 WILEY ST.	
City-St-Zip:	HOLLYWOOD, FL 33020 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LAURIE C. LANDER MGMR 01/12/2009

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