

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067220

FILED
Apr 30, 2009
Secretary of State

Entity Name: CONNER CABIN RETREAT LLC

Current Principal Place of Business:

4601 CENTRAL AVENUE
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

4601 CENTRAL AVENUE
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 26-2957742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LODEN FRAZE & ASSOCIATES PA
4601 CENTRAL AVENUE
ST PETERSBURG, FL 33713 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 (X) Delete
Name: LODEN, NICOLE N
Address: 5982 31ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: MGRM () Delete
Name: HALL, LEE
Address: 424 82ND AVENUE NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGRM () Delete
Name: GILLESPIE, NATALIE
Address: 9490 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHE, FL 34613

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: LEE HALL

MGRM

04/30/2009

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