

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067220

FILED  
May 01, 2010  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LODEN FRAZE & ASSOCIATES PA  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGRM  
Name: LODEN, NICOLE N  
Address: PO BOX 60547  
City-St-Zip: ST PETERSBURG, FL 33784

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: NICOLE LODEN

MGRM

05/01/2010

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