

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083104

FILED
Feb 12, 2009
Secretary of State

Entity Name: CHAUTAUQUA BLUE-GRASS FESTIVAL, LIMITED LIABILITY CO.

Current Principal Place of Business:

ATTN: CATHERINE KING
756 BALDWIN AVENUE, SUITE A
DE FUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

CATHERINE KING
86 PEACOCK ROAD
DE FUNIAK SPRINGS, FL 32433

New Mailing Address:

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

Name and Address of Current Registered Agent:

KING, CATHERINE
86 PEACOCK ROAD
DE FUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

KING, CATHERINE PRESIDE
86 PEACOCK ROAD
DE FUNIAK SPRINGS, FL 32433 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: CATHERINE KING

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KING, CATHERINE
Address: 86 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: DURKIN, KAREN
Address: 86 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: DIXON, CAROLYN
Address: 139 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: PRIDGEN, VIRGINIA
Address: 40B HWY 181W
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KING, CATHERINE PRESIDE
Address: 86 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM (X) Change () Addition
Name: DURKIN, KAREN VICE PR
Address: 86 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM (X) Change () Addition
Name: DIXON, CAROLYN TREASUR
Address: 139 PEACOCK ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM (X) Change () Addition
Name: PRIDGEN, VIRGINIA SECRETA
Address: 40B HWY 181W
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

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: CATHERINE KING

PRES

02/12/2009

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