

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085946

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: WAKULLA MANAGEMENT GROUP L.L.C.

**Current Principal Place of Business:**

3550 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

3550 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 80-0257567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARSONS, WILLIAM R GM  
WAKULLA SUITES LLC  
3550 N. ATLANTIC AVE  
COCOA BEACH, FL 32931 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: MGR ( ) Delete  
Name: MISHLER, MICHEAL MGR  
Address: 3550 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: MGR ( ) Delete  
Name: MISHLER, KATHLEEN MGR  
Address: 3550 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM ( ) Delete  
Name: MISHLER, JAMES  
Address: PO BOX 321534  
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM ( ) Delete  
Name: ARMSTRONG, RICHARD  
Address: PO BOX 321534  
City-St-Zip: COCOA BEACH, FL 32931

**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:

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: MICHAEL MISHLER

MGR

03/12/2009

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