

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086303

FILED
Mar 05, 2009
Secretary of State

Entity Name: SECLUDED DUNES PARTNERS, LLC

Current Principal Place of Business:

116 SAILOR'S COVE DRIVE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

116 SAILOR'S COVE DRIVE
PORT ST. JOE, FL 32456

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:

GIBSON, THOMAS S
116 SAILOR'S COVE DRIVE
PORT ST. JOE, FL 32456 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: GIBSON, THOMAS S
Address: 116 SAILOR'S COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR () Delete
Name: RISH, WILLIAM J JR.
Address: 252 MARINA DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES:

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: THOMAS S GIBSON MGR 03/05/2009

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