2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L08000104235

Entity Name: SANIBEL THRILLER, LLC

Current Principal Place of Business:

634 N. YACHTSMAN DR.
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

634 N. YACHTSMAN DR.
SANIBEL, FL 33957 US

New Mailing Address:

9080 PASEO DE VALENCIA ST
FORT MYERS, FL 33908 US

FEI Number: 26-3686299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRELAND, MYTON W JR.
9080 PASEO DE VALENCIA ST.
FT. MYERS, FL 33908 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 ( ) Delete
Name: IRELAND, MYTON W JR.
Address: 9080 PASEO DE VALENCIA ST.
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM ( ) Delete
Name: IRELAND, ELIZABETH
Address: 9080 PASEO DE VALENCIA ST.
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM ( ) Delete
Name: IRELAND, MYTON W SR.
Address: 634 N. YACHTSMAN DR.
City-St-Zip: SANIBEL, FL 33957 US

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: MYTON W. IRELAND, JR. MGRM 04/18/2009

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