

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108413

FILED
Apr 30, 2009
Secretary of State

Entity Name: ANGLER'S INN AT MATLACHA, L.L.C.

Current Principal Place of Business:

24 PROVIDENCE DRIVE
RICHBORO, PA 18954

New Principal Place of Business:

Current Mailing Address:

24 PROVIDENCE DRIVE
RICHBORO, PA 18954

New Mailing Address:

FEI Number: 26-3750896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOELKER, WILLIAM F JR.
2572 SECOND ST
MATLACHA, FL 33993 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: ONOFRIO, PASQUALE
Address: 21 SECOND STREET PIKE
City-St-Zip: CHURCHVILLE, PA 18966

Title: MGR () Delete
Name: PRICE, CHRISTOPHER
Address: 24 PROVIDENCE DR.
City-St-Zip: RICHBORO, PA 18954

Title: MGR () Delete
Name: MICHAEL, PRICE C
Address: 4668 OAKLEIGH MANOR DR.
City-St-Zip: POWDER SPRINGS, GA 30127

Title: MGR () Delete
Name: BLOOM, HOWARD A
Address: 8 LINCOLN CT.
City-St-Zip: IVYLAND, PA 18974

Title: MGR () Delete
Name: STOELKER, WILLIAM F JR.
Address: PO BOX 126
City-St-Zip: MATLACHA, FL 33993

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:

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: WILLIAM STOELKER

MGR.

04/30/2009

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