

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115151

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: INNISBROOK ASSOCIATE SCHOLARSHIP FUND, LLC

**Current Principal Place of Business:**

36750 US HWY 19 N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

36750 US HWY 19 N  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 26-3883517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLTES, JULIE  
36750 US HWY 19 N  
PALM HARBOR, FL 34684 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: SOLTES, JULIE  
Address: 4929 ARBOR OAKS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR ( ) Delete  
Name: AMES, CINDY  
Address: 3080 OAK VIEW DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR ( ) Delete  
Name: BEYER, ANNETTE  
Address: 4774 BELDEN CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR ( ) Delete  
Name: FELIX, DIANA  
Address: 9651 VENTURI DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

**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: JULIE SOLTES

MGR

04/29/2009

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