

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058412

FILED  
Jan 26, 2011  
Secretary of State

Entity Name: MYSTERY OF THE SEA, LLC

**Current Principal Place of Business:**

257 SW BECKER ROAD  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

257 SW BECKER ROAD  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 27-0391442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NICHOL, LORRAINE S  
257 SW BECKER ROAD  
PORT SAINT LUCIE, FL 34953 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  
Name: NICHOL, PHILLIP H  
Address: 257 SW BECKER ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGR  
Name: LINGO, JUDITH A  
Address: 1801 BRAUMILLER ROAD  
City-St-Zip: DELAWARE, OH 43015 US

Title: MGRM  
Name: SAMPLEY, THOMAS R  
Address: 25084 PEACOCK LANE UNIT 102  
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM  
Name: SPANGLER, BARBARA E  
Address: 14585 CO ROAD 227  
City-St-Zip: MT. VICTORY, OH 43340

Title: MGR  
Name: SCHODDE, DAVID W  
Address: 9605 CTY RD 101  
City-St-Zip: CORCORAN, MN 55340 US

Title: MGR  
Name: NICHOL, LORRAINE S  
Address: 257 SW BECKER ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby 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: LORRAINE S NICHOL

MGR

01/26/2011

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