

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024493

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** THE FOLLY, LLC

**Current Principal Place of Business:**

505 HARBOR DRIVE  
BELLEAIR BEACH, FL 33786

**New Principal Place of Business:**

**Current Mailing Address:**

505 HARBOR DRIVE  
BELLEAIR BEACH, FL 33786

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CLINE, HARRY S  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 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: CLINE, HARRY S  
Address: 505 HARBOR DRIVE  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM  
Name: CLINE, JANE M  
Address: 505 HARBOR DRIVE  
City-St-Zip: BELLEAIR BEACH, FL 33786

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:** HARRY S CLINE

MGR

01/10/2012

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