

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055058

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** INDIAN PASS LAGOON RETREAT LLC

**Current Principal Place of Business:**

1493 INDIAN PASS ROAD  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1493 INDIAN PASS ROAD  
PORT ST JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 27-2130171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RINEHART, JANICE G  
1493 INDIAN PASS ROAD  
PORT ST JOE, FL 32456 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:** RINEHART, JANICE G  
**Address:** 1493 INDIAN PASS ROAD  
**City-St-Zip:** PORT ST JOE, FL 32456

**Title:** MGRM  
**Name:** RINEHART, ROBERT K  
**Address:** 1493 INDIAN PASS ROAD  
**City-St-Zip:** PORT ST JOE, FL 32456

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:** JANICE G RINEHART

MGMR

01/07/2011

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