2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# L10000066382

Entity Name: CIRCUIT BORED HALF MOON CAMP, LLC

Current Principal Place of Business:

18908 LAKES EDGE WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

18908 LAKES EDGE WAY
ODESSA, FL 33556

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:

BROWN, SCOTT D
18908 LAKES EDGE WAY
ODESSA, FL 33556 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: BROWN, SCOTT D
Address: 18908 LAKES EDGE WAY
City-St-Zip: ODESSA, FL 33556 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 Statues.

SIGNATURE: SCOTT D. BROWN MGRM 01/10/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date