

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000401

FILED  
May 23, 2009  
Secretary of State

Entity Name: DEVIL'S DEN, L.C.

**Current Principal Place of Business:**

5390 N.E. 180TH AVE.  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

5390 N.E. 180TH AVE.  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-3373106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHWIEBERT, KEN  
173 N. MAIN STREET  
WILLISTON, FL 32696      US

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 ( ) Delete  
Name: SCHWIEBERT, KENNETH  
Address: 173 N. MAIN ST.  
City-St-Zip: WILLISTON, FL 32696

Title: MGRM ( ) Delete  
Name: WEBBER, RAYMOND  
Address: 8604 N.W. 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: RIFE, BEN  
Address: 6330 SW 13TH ST. #7  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: WEBER, BARRY  
Address: 5331 COMMERCIAL WAY, STE. 201  
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM ( ) Delete  
Name: HOLT, DONNA  
Address: 1590 NE WILLIAMSON BOULEVARD  
City-St-Zip: BEND, OR 97701

Title: MGRM ( ) Delete  
Name: JOHNSON, BEN  
Address: 5010 E 68TH STREET, SUITE 104  
City-St-Zip: TULSA, OK 74136

**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:

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: KENNETH SCHWIEBERT

MGRM

05/23/2009

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