

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003843

Entity Name: LOST WEEKEND, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

10975 WHITCOMB STREET
CROWN POINT, IN 46307

New Principal Place of Business:

Current Mailing Address:

10975 WHITCOMB STREET
CROWN POINT, IN 46307

New Mailing Address:

FEI Number: 57-1186074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTKAMP, ROGER
3685 SEASIDE DRIVE
KEY WEST, FL 33040 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: MGR () Delete
Name: BRYNER, JEFF
Address: 10975 WHITCOMB STREET
City-St-Zip: CROWN POINT, IN 46307

Title: MGR () Delete
Name: DESSAUER, JOHN
Address: 12243 S WILLIAMS CT
City-St-Zip: CROWN POINT, IN 46307

ADDITIONS/CHANGES:

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: JEFF BRYNER

MGR

04/28/2009

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