2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005495

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

RECREATION BY DESIGN, LLC



FILED May 20, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

21746 BUCKINGHAM ROAD ELKHART, IN 46516

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05022008 No Chg-LLC

CR2E083 (12/07)

			4. FEI Numb 35-208			Applied For Not Applicable
				of Status Desired		\$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent			KHINE	14 %	
8950 ML K	BUSINESS INC. KING ST. NO. SUITE 130 RSBURG, FL 33702		11:36 6 13:11	NOT WI THIS SP	10.1 (11. 7)	
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.						
9.	MANAGING MEMBERS/MANAGERS		is success			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSH, RANDALL K 21746 BUCKINGHAM ROAD ELKHART, IN 46516					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U000009 06/04/118-91		003 18875
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT W		
TITLE				THICED	ΛG	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #