

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000764

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: HOMOSASSA RIVERSIDE RESORT LLC

**Current Principal Place of Business:**

400 E. THIRD ST., SUITE 1  
BLOOMINGTON, IN 47401

**New Principal Place of Business:**

**Current Mailing Address:**

5297 S. CHEROKEE WAY  
HOMOSASSA, FL 34448

**New Mailing Address:**

FEI Number: 35-2075532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OAKES, GAIL G  
5297 S. CHEROKEE WAY  
HOMOSASSA, FL 34448 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 ( ) Delete  
Name: COLLIER, DONALD M  
Address: P.O. BOX 744  
City-St-Zip: BLOOMINGTON, IN 47407

Title: MGRM ( ) Delete  
Name: COLLIER, MARIBETH  
Address: P.O. BOX 744  
City-St-Zip: BLOOMINGTON, IN 47407

Title: MGRM ( ) Delete  
Name: OAKES, GAIL G  
Address: 11130 E. HALLS RIVER RD.  
City-St-Zip: HOMOSASSA, FL 34448

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL G. OAKES

MGRM

01/23/2007

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