2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# M99000000764

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: COLLER, DONALD M
Address: P.O. BOX 744
City-St-Zip: BLOOMINGTON, IN 47407

Title: MGRM ( ) Delete
Name: COLLER, 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 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 01/07/2008

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