


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 08, 2006 8:00 am
Secretary of State

05-02-2006 90118 001 ***100.00

DOCUMENT # L05000038402					
1. Entity Name MARINA AT CAPE HAZE, LLC					
Principal Place of Business 9040 TOWN CENTER PARK BRADENTON, FL 34202			Mailing Address 9040 TOWN CENTER PARK BRADENTON, FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2704229	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, MICHAEL J 9040 TOWN CENTER PARK BRADENTON, FL 34202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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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: <u>Edward John Dobbs</u>			Date: <u>4/25/06</u>		Daytime Phone #: <u>651-481-0017</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

30009893



04132006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30009893

L05000038402

April 27, 2006

DEPARTMENT OF STATE

Florida Department of State:

*Attached is check for Marina at Cape Haze, LLC and
Windwalker Marina at Cape Haze LLC.*

*The payments for the annual registration were put onto
one check in error. We are not able to cut new checks
and still make the deadline.*

Thank you for your understanding.

*Darci Stine
Heritage Development
651-481-0017 x 115:*