


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90156 023 ****50.00

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**

60051453



2. Principal Place of Business - No P.O. Box #
2390 Cattleman Rd

3. Mailing Address
3422 East County Rd D

Suite, Apt. #, etc.

05302007 Chg-LLC CR2E083 (12/06)

City & State
Sarasota FL

City & State
Little Canada MN

Zip
34232

Country
USA

Zip
55117

Country
USA

4. FEI Number
20-2704229

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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 September 14, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DOBBS, EDWARD JOHN 422 EAST COUNTY ROAD D LITTLE CANDAD, MN 55117 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | manager Jeffrey Allen Gardner 418 East County Rd D Little Canada MN 55117 <input checked="" type="checkbox"/> Change <input 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: Jeffrey Allen Gardner **5-30-07** **651-461-0017**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #