

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076992

Entity Name: CAPE HAZE MARINA, LLC

FILED  
Jul 05, 2006  
Secretary of State

**Current Principal Place of Business:**

9050 TOWN CENTER PARK  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

9050 TOWN CENTER PARK  
BRADENTON, FL 34202

**New Mailing Address:**

FEI Number: 20-3401282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WILSON, MICHAEL J  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GARDNER, JEFFREY ALLEN  
Address: 422 EAST COUNTY ROAD D  
City-St-Zip: LITTLE CANADA, MN 55117

Title: MGRM ( ) Change (X) Addition  
Name: DOBBS, EDWARD JOHN  
Address: 422 EAST COUNTY ROAD D  
City-St-Zip: LITTLE CANADA, MN 55117

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: EDWARD JOHN DOBBS

MGRM

07/05/2006

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