

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003142 1. Entity Name HALF MOON BEACH CLUB OF SARASOTA, L.L.C.	
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Principal Place of Business 1258 N. PALM AVENUE SARASOTA, FL 34236	Mailing Address 1258 N. PALM AVENUE SARASOTA, FL 34236
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05162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881179	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GITHLER, CHARLES E III 1258 N. PALM AVENUE SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GITHLER, CHARLES E III 1258 N. PALM AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KANE, STANLEY B TRUSTEE 539 NORSOTA WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KANE, DANIEL TRUSTEE 1127 WESTWAY DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: May 26, 2005
Daytime Phone #