2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003142

1. Entity Name
HALF MOON BEACH CLUB OF SARASOTA, L.L.C.

Principal Place of Business	Mailing Address
1258 N. PALM AVENUE SARASOTA, FL 34236	1258 N. PALM AVENUE SARASOTA, FL 34236

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02242006No Chg-LLC CR2E083 (11/05)

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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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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GITHLER, CHARLES E III
STREET ADDRESS	1258 N. PALM AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	KANE, STANLEY B TRUSTEE
STREET ADDRESS	539 NORSOTA WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	KANE, DANIEL TRUSTEE
STREET ADDRESS	1127 WESTWAY DRIVE
CITY-ST-ZIP	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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04/26/06-80117-005 50.00

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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: _____ Kim Gothier 4/7/06 9419550323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #