


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011119**

1. Entity Name  
**WOOD CAY RESORTS LLC**



Principal Place of Business <b>800 NORTH FLAGLER DRIVE          C/O HAMILTON MANAGEMENT          WEST PALM BEACH, FL 33401</b>	Mailing Address <b>800 NORTH FLAGLER DRIVE          C/O HAMILTON MANAGEMENT          WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>26-7176887</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN I II  
 800 N. FLAGLER DRIVE  
 WEST PALM BEACH, FL 33401**

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

**Filing Fee is \$50.00 Due by May 1, 2007**

000000595105  
 01/23/07-20009-027 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARSENAULT, GERARD 800 N. FLAGLER DRIVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, HARRY L 800 N. FLAGLER DR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIKENES, RICHRD 800 N. FLAGLER DR WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **1/15/07 (561) 655-3113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #