

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001002**

**1. Entity Name**

**FLORIDA BAY AT GRANDE OAK, L.L.C.**



**Principal Place of Business**

**3200 BAILEY LANE, STE. 117  
NAPLES, FL 34105**

**Mailing Address**

**3200 BAILEY LANE, STE. 117  
NAPLES, FL 34105**



**01162006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-1075737**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PASSIDEMO, JOHN  
821 5TH AVE S  
# 201  
NAPLES, FL 34102**

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

**MGR  
SHEPHERD, NICHOLAS J  
3200 BAILEY LN # 117  
NAPLES, FL 34105**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

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**CITY- ST- ZIP**

**000000412248  
02/10/06-80040-006 50.00**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**23 JAN 2006**

**239.643.6767**