



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016808		
1. Entity Name CAYO GRANDE NAVARRE, LLC		
Principal Place of Business 817 PINEDALE ROAD FORT WALTON BEACH, FL 32547		Mailing Address 817 PINEDALE ROAD FORT WALTON BEACH, FL 32547
DO NOT WRITE IN THIS SPACE		
		 04012004 No Chg-LLC CR2E083 (10/03)
		4. FEI Number 59-3748463 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
LARSON, LOWELL C JR. 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAYO GRANDE NAVARRE, INC. 7730 NAVARRE PARKWAY NAVARRE, FL 32566	U000000136329 04/28/04-80088-004 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4-26-04 850-863-3242 X107 <small>Date Daytime Phone #</small>