


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90450 010 ****55.00

DOCUMENT # L02000029767	
1. Entity Name THE CLUB AT CAPE SAN BLAS, LLC	

Principal Place of Business 710 HIGHWAY 98 MEXICO BEACH, FL 32456	Mailing Address HC 3, BOX 98710 MEXICO BEACH, FL 32456
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24049702



2. Principal Place of Business 106 S. 25th Street	3. Mailing Address 106 S. 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

City & State Mexico Beach, FL	City & State Mexico Beach, FL
Zip 32456	Country
Zip 32456	Country

4. FEI Number 13-4250190	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHMORE, ANDREA L HC3, BOX 98710 710 HWY 98 MEXICO BEACH, FL 32456	
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7. Name and Address of New Registered Agent Name Diane C. Hare, CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Avenue City Panama City FL Zip Code 32405	
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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 Diane C. Hare, CPA DATE 03-24-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EUBANKS, KAY W HC 3, BIX 98710 MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE & COMPANY, INC. 106 S. 25TH ST MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Henry J. Hane 4/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date Daytime Phone #