

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 043 \*\*\*\*55.00

DOCUMENT # L02000029767			
1. Entity Name THE CLUB AT CAPE SAN BLAS, LLC			
Principal Place of Business 106 S. 25TH STREET MEXICO BEACH, FL 32456		Mailing Address HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456	
2. Principal Place of Business		3. Mailing Address <i>106 S. 25th Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Mexico Bch, FL</i>	
Zip		Zip <i>32456</i>	
Country		Country	
4. FEI Number 13-4250190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASHMORE, ANDREA L HC 3 BOX 98710 MEXICO BEACH, FL 32456		Name <i>SHERRY E. STONE</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>106 SOUTH 25TH ST</i>	
		City <i>Mexico Bch</i>	
		FL Zip Code <i>32456</i>	
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 <i>Sherry E Stone</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
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. HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Stone &amp; Company, Inc.</i> <i>106 S. 25th Street</i> <i>Mexico Bch, FL 32456</i>
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
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
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: <i>Sherry E Stone</i>		Date <i>2/15/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	