2004 LIMITED LIABILITY COMPANY

FILED May 03. 2004 08:00 AM

ANNUAL REPORT				111ay 05, 2007 05.00 AT	
DOCUMENT # L02000032589				Secreta	ry of State
	CAY COMMUNITIES, LC				
		····			
Principal Place		Mailing Address			
5672 STRANI Naples, FL	D COURT STE. 3 34110	5672 STRAND COURT STE. 3 NAPLES, FL 34110			
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DO NOT WRITE IN THIS SPA			CE	04262004 No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 56-2317460	Applied For Not Applicable
					\$5.00 Additional
	6. Name and Address of Current F	Registered Agent	T		Fee Required
NAPLES-LAWDOCK, INC. 4501 NORTH TAMIAMI TRAIL STE. 300 NAPLES, FL 34103			1	DO NOT WO	g ngu gun
				DO NOT WR	liE
				IN THIS SPA	CE
}			}		
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida.	. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd tille if applicable (NOTE, Register	ed Agent signature require	d when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004				U00000119	52231 1077-005-200.00
9.	MANAGING MEMBE	RS/MANAGERS		45/14/11578	1011-002 2 <u>10.00</u>
TITLE	MGR GODE, LARRY		İ		
NAME STREET ADDRESS	5672 STRAND COURT STE. 3				
CITY-ST-ZIP	NAPLES, FL 34110		_		·
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			-		
NAME STOREY (BORRES					
STREET ADDRESS CITY-ST-ZIP		"		DO NOT WR	IITE
TITLE				IN THIS SPA	CE
NAME STREET ADDRESS					
CITY+ST-ZIP					
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP	1				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to grecute this seport as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #