

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009622

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** CAPE HAZE WINDWARD PROPERTIES, LLC

**Current Principal Place of Business:**

141 POND CYPRESS ROAD  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

141 POND CYPRESS ROAD  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 84-1621244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGLICH, DAVID S  
1515 RINGLING BOULEVARD 10TH FL  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHROEDERS, DAVID  
Address: 6530 WILD ORCHID LANE  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID SCHROEDERS

MGR

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date