

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011119**

1. Entity Name  
**WOOD CAY RESORTS LLC**



Principal Place of Business  
**800 NORTH FLAGLER DRIVE  
C/O HAMILTON MANAGEMENT  
WEST PALM BEACH, FL 33401**

Mailing Address  
**800 NORTH FLAGLER DRIVE  
C/O HAMILTON MANAGEMENT  
WEST PALM BEACH, FL 33401**



01132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-7176887**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN II  
800 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

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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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARSENAULT, GERARD
STREET ADDRESS	800 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	MGR
NAME	HAMILTON, HARRY L
STREET ADDRESS	800 N. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	MGR
NAME	REIKENES, RICAHRD
STREET ADDRESS	800 N. FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11/23/05 130005-004 50.00

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IN THIS SPACE**

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:**

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

*Gerard Arsenault*

Date

Daytime Phone #

2/22/06 (561) 655-3113