




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90052 034 ****50.00

DOCUMENT # L03000020142 1. Entity Name INLET BAY DEVELOPMENT, LLC					
Principal Place of Business 313 MALLARD ROAD WESTON, FL 33326			Mailing Address 313 MALLARD ROAD WESTON, FL 33326		
2. Principal Place of Business 2410 S.W. Island Creek Trail		3. Mailing Address P.O. Box 759523			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palm City, FL		City & State Coral Springs, FL		4. FEI Number 74-3113151	
Zip 34990		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33075		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, ROBERT W 313 MALLARD ROAD WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2410 S.W. Island Creek Trail City Palm City FL Zip Code 34990		
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  Robert W. Nelson, MGRM 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM NELSON, ROBERT W 313 MALLARD ROAD WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2410 S.W. Island Creek Trail Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, DARCY ANN 313 MALLARD ROAD WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nelson, Darcy 2410 S.W. Island Creek Trail Palm City, FL 34990	
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	
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:  Robert W. Nelson			1/16/06 6547152-0492		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		