


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**MAY 03 2005 10:08:00 AM**  
**ORIGINAL**  
**Secretary of State**

<b>DOCUMENT # L03000028400</b> 1. Entity Name THE BLUFFS AT CAPE SAN BLAS, LLC	
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Principal Place of Business 710 HWY 98 MEXICO BEACH, FL 32456	Mailing Address HC 3 BOX 98710 MEXICO BEACH, FL 32456
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**DO NOT WRITE IN THIS SPACE**



04272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0127886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORGOTTEN COAST DEVELOPMENT CO., L.L.C.  
710 HWY 98  
MEXICO BEACH, FL 32456

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM FORGOTTEN COAST DEVELOPMENT CO., LLC 710 HWY 98 MEXICO BEACH, FL 32456
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05/04/05-80146-001 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **5-1-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_