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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

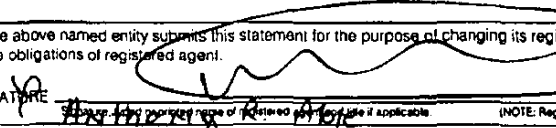
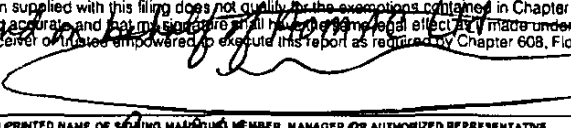
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000044117			
1. Entity Name CRAYTON COVE LLC			
Principal Place of Business 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777		Mailing Address 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0843051		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLINGTON SHIELD SERVICES LIMITED INC. 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777		7. Name and Address of New Registered Agent Name: Able Advisory INC Street Address (P.O. Box Number is Not Acceptable): 700 Eleventh Street South PH2 City: Naples FL Zip Code: 34102-6777	
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:  DATE: 4-19-06 (NOTE: Registered Agents signature required when reinstating)			
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	MGR WELLMAN LIMITED COMPANY 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 341026777 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AOMAC Limited Bison Court ROAD TOWN, Tortola, BVI ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE: 4-19-06 DAYTIME PHONE: 239-430-4300			