

50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 AM 7:54

DOCUMENT # L03000044862

1. Entity Name
CAYA COSTA LAND HOLDINGS, LLC



Principal Place of Business
190 DEVILLE STREET
PORT CHARLOTTE, FL 33954-3113

Mailing Address
190 DEVILLE STREET
PORT CHARLOTTE, FL 33954-3113

2. Principal Place of Business
912 Rotonda Circle
Suite, Apt. #, etc.

3. Mailing Address
912 Rotonda Circle
Suite, Apt. #, etc.



04122004 Chg-LLC CR2E083 (10/03)

City & State
Rotonda West, FL
Zip
33947
Country
USA

City & State
Rotonda West, FL
Zip
33947
Country
USA

4. FEI Number
51-0502198
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEIST, BARBARA C
190 DEVILLE STREET
PORT CHARLOTTE, FL 33954-3113

7. Name and Address of New Registered Agent

Name
Barbara C Geist
Street Address (P.O. Box Number is Not Acceptable)
912 Rotonda Circle
City
Rotonda West FL Zip Code
33947

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 Barbara C Geist DATE 4/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: Barbara C Geist DATE 4/10/04 941-698-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE