

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.2

DOCUMENT # L03000044862

1. Entity Name

CAYA COSTA LAND HOLDINGS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -2 AM 10:59

Principal Place of Business

8282 WILTSHIRE DR  
PORT CHARLOTTE FL 33981

Mailing Address

8282 WILTSHIRE DR  
PORT CHARLOTTE FL 33981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten signature]*



1st MOORE

CR2E083 (10/04)

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

7. Name and Address of New Registered Agent

DUFF, BARBARA C  
8282 WILTSHIRE DR.  
PORT CHARLOTTE FL 33981

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ~~GEIST, BARBARA C~~  
STREET ADDRESS 8282 WILTSHIRE DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☒ Change ☐ Addition  
NAME Barbara C. Duff  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME DUFF, JAMES T  
STREET ADDRESS 8282 WILTSHIRE DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. Duff*

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

1/19/05

94-661-1432

Date

Daytime Phone #