


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044862</b> 1. Entity Name CAYA COSTA LAND HOLDINGS, LLC	
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01082006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0502198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

6. 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 (if applicable)

(NOTE: Registered Agent signature required when releasing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFF, BARBARA C 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFF, JAMES T 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981
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07/11/06-80030-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Barbara C Duff MGRM 1/9/06 941-661-1432

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

Date

Daytime Phone #