


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State


02-28-2007 90150 036 ****50.00

DOCUMENT # L03000044862	
1. Entity Name CAYA COSTA LAND HOLDINGS, LLC	

Principal Place of Business 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981	Mailing Address 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60019865



02262007 Chg-LLC CR2E083 (12/06)

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to: Florida Department of State	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFF, BARBARA C 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFF, JAMES T 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Barbara C Duff</u>	<u>2/26/07</u>	<u>941-661-1432</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>