

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90093 030 \*\*\*138.75

60004828



01042008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000044862</b> 1. Entity Name <b>CAYA COSTA LAND HOLDINGS, LLC</b>					
Principal Place of Business <b>8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981</b>			Mailing Address <b>8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981</b>		
2. Principal Place of Business - No P.O. Box # <b>912 Rotonda Cir</b>		3. Mailing Address <b>912 Rotonda Cir</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Rotonda West, FL</b>		City & State <b>Rotonda West, FL</b>		4. FEI Number <b>51-0502198</b>	
Zip <b>33947</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUFF, BARBARA C 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981</b>		7. Name and Address of New Registered Agent  <b>912 Rotonda Cir Rotonda West, FL 33947</b>			
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 <u><i>Barbara C Duff</i></u> DATE <u>1/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	MGRM DUFF, JAMES T 8282 WILTSHIRE DR PORT CHARLOTTE, FL 33981	<input checked="" 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				
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><i>Barbara C Duff</i></u> DATE <u>1/5/08</u> DAYTIME PHONE # <u>941-661-1432</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					