

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055763

Entity Name: CALUSA BAY HOMES LC

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

10859 EMERALD COAST PARKWAY W. #4-430
DESTIN, FL 32550

New Principal Place of Business:

424 COMMODORE ROAD
DESTIN, FL 32541

Current Mailing Address:

10859 EMERALD COAST PARKWAY W. #4-430
DESTIN, FL 32550

New Mailing Address:

424 COMMODORE ROAD
DESTIN, FL 32541

FEI Number: 90-0184176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHRISTOPHER R
10859 EMERALD COAST PARKWAY W. #4-430
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

CLAY, WILLIAM F
424 COMMODORE ROAD
DESTIN, FL 32541 US

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.

SIGNATURE: WILLIAM F. CLAY

03/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JONES, DENNIS A
Address: 10859 EMERALD COAST PARKWAY W. #4-430
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: JONES, CYNTHIA L
Address: 1089 EMERALD COAST PARKWAY W. #4-430
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: JONES, CHRISTOPHER R
Address: 1089 EMERALD COAST PARKWAY W. #4-430
City-St-Zip: DESTIN, FL 32550

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLAY, WILLIAM F
Address: 424 COMMODORE ROAD
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Change () Addition
Name: BLOSSMAN, ALFRED R
Address: 503 NORRIEGO DR.
City-St-Zip: DESTIN, FL 32550

Title: MGRM (X) Change () Addition
Name: BLOSSMAN, CHRISTOPHER H
Address: #79 BAYWINDS
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Change (X) Addition
Name: STEPHEN, AKERS D
Address: 4466 CLIPPER COVE
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM F. CLAY

MGR

03/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date