

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90030 032 \*\*\*\*50.00

**DOCUMENT # L04000019798**

1. Entity Name  
**CAY J MANAGEMENT, L.L.C.**



Principal Place of Business  
**3224 SUNSET KEY CIRCLE  
PUNTA GORDA, FL 33955**

Mailing Address  
**3224 SUNSET KEY CIRCLE  
PUNTA GORDA, FL 33955**



2. Principal Place of Business - No P.O. Box #

**3224-C Sunset Key Circle**

3. Mailing Address

**3224-C Sunset Key Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Punta Gorda, FL**

**Punta Gorda, FL**

Zip

Country

Zip

Country

**33955**

**USA**

**33955**

**USA**

03182007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**56-2418932**

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

**NEWMIN, W. GERALD  
3224 A SUNSET CIRCLE  
PUNTA GORDA, FL 33955**

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

**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  
**MGR  
NEWMIN, W. GERALD  
3224 A SUNSET KEY CIRCLE  
PUNTA GORDA, FL 33955** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3224-C SUNSET KEY CIRCLE** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CORBETT, BARBARA L  
3224 A SUNSET KEY CIRCLE  
PUNTA GORDA, FL 33955** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3224-C SUNSET KEY CIRCLE** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #

**3/23/07**