

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

04-29-2005 90047 032 ****50.00

DOCUMENT # L04000033481 1. Entity Name CABANA BOY INVESTMENTS, LLC																																	
Principal Place of Business 155 N. BAYSHORE EASTPOINT, FL 32328			Mailing Address P.O. BOX 1044 FREEPORT, FL 32433																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
4. FEI Number 20-1078023 Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH, FL 32459			7. Name and Address of New Registered Agent Name: Matthews & Hawkins, P.A. Street Address (P.O. Box Number is Not Acceptable): Mark R. McMahon 4475 Legendary Drive City: Destin FL Zip Code: 32541																														
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 print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 80%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 80%; padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="height: 40px; vertical-align: top;"> MARK D HAL Holdings, Inc. P.O. Box 1044 Freeport, FL 32433 </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	MARK D HAL Holdings, Inc. P.O. Box 1044 Freeport, FL 32433											
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 4/25/05 850-585-3750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																	