## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## **FILED** Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # L04000044133 1. Entity Name SCHOONER BAY ESTATES, LLC Principal Place of Business Mailing Address **42 SCHOONER BAY ROAD 42 SCHOONER BAY ROAD** TAVERNIER, FL 33070 TAVERNIER, FL 33070 04182006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3124526 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLASS, GREGORY W 127 VENETIAN WAY ISLAMORADA, FL 33036 IN THIS SPACE 5. 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 typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9, MANAGING MEMBERS/MANAGERS DILL MGRM M WERTHEINER, JAY L MGRM NAME 42 SCHOONER BAY RD STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CRY-ST-782 NT: F NAME. STREET ADDRESS. CITY-ST-ZIP 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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.