2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L04000044140

1. Entity Name

SCHÓONER BAY GARDENS, LLC

FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

42 SCHOONER BAY ROAD TAVERNIER, FL 33070 Mailing Address

42 SCHOONER BAY ROAD TAVERNIER, FL 33070



04182006No Chg-LLC

CR2E083 (11/05)

				 	 	\$5.00	
74	74-31	1245	31				Not Applicab
	El Nun						Applied For
EC	CI No.						Analiga F

5. Certificate of Status Desired

Fee Required

GLASS, GREGORY W						
127 VENETIAN WAY						
101 5 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						

DO NOT WRITE IN THIS SPACE

ISLAMOR	ADA, FL 33036	de la composiçõe de la	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registere	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			المنظمة المراجعة المنظمة المنظ
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	d Agent signature required when reinstatings
	ding Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
ring	MGR		
NAME	SCHOONER BAY ESTATES, LLC		
STREET ACCORESS	42 SCHOONER BAY ROAD		
CITY-ST-ZIP	TAVERNIER, FL 33070		
THILE			t to the Alberta Market and the second
NAME:			000000533509 05/06/06-80126-003 50.00
STREET ACCRESS CITY-ST-ZIP			05/06/06-80126-003 50.00
		·	A CONTRACTOR OF THE PARTY OF TH
name			
STREET ADDRESS			
CITY-ST-ZIP			DO NOT WRITE
IITLE			······································
NAME			IN THIS SPACE
Street address			•
CITY-ST-ZIP			
TITLE			
NAME		1	
STREET ADDRESS		1	
CITY-S1-ZIP			
TITLE			,
HAME			
STREET ADDRESS		1	
CITY-SI-ZIP			<u> </u>
11. I hereby of Indicated limited lial	certify that the information supplied with this filling does not go on this report of true and accurate and that my signature site billity company or the receiver or frustee empowered to execu-	ualify for the exe all have the same ute this report as	remptions contained in Chapter 119, Florida Statutes, I further certify that the information ne fegal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.

G MEMBER, OR AUTHORIZED REPRESENTATIVE