

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057861

Entity Name: STAYSAIL, LLC

FILED
Mar 06, 2006
Secretary of State

Current Principal Place of Business:

21 WILSON ROAD
EASTON, CT 06612

New Principal Place of Business:

21 WILSON ROAD
EASTON, CT 06612 US

Current Mailing Address:

21 WILSON ROAD
EASTON, CT 06612

New Mailing Address:

21 WILSON ROAD
EASTON, CT 06612 US

FEI Number: 20-1459010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD., STE. 320
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919 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:

03/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIORDANO, ANTHONY
Address: 21 WILSON ROAD
City-St-Zip: EASTON, CT 06612 US

Title: MGRM () Delete
Name: SCALA, M.D., LOUIS J
Address: 21 WILSON ROAD
City-St-Zip: EASTON, CT 06612 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIORDANO, ANTHONY
Address: 21 WILSON ROAD
City-St-Zip: EASTON, CT 06612 US

Title: MGR (X) Change () Addition
Name: SCALA, M.D., LOUIS J
Address: 21 WILSON ROAD
City-St-Zip: EASTON, CT 06612 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTHONY GIORDANO

MGR

03/06/2006

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