2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063609

1. Entity Name
CAY ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
60 SEAGATE DRIVE SUITE 501 NAPLES, FL 34103 US	60 SEAGATE DRIVE SUITE 501 NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE

60039693

02102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1547129	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

KRASKA, KATE
60 SEAGATE DR #501
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BONK, JAMES
STREET ADDRESS	4120 LOCHNESS CIRCLE NW
CITY-ST-ZIP	CANTON, OH 44718

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _Kate Kraska_ MEMBER   2/16/07   239-593-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #