

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085344

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: CAPE FORCHU HIDEAWAY, L.L.C.

**Current Principal Place of Business:**

280 PINE RANCH TRAIL  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

280 PINE RANCH TRAIL  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 59-3789548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROLFES, ANTHONY JAMES  
280 PINE RANCH TRAIL  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROLFES, ANTHONY J  
Address: 280 PINE RANCH TRAIL  
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete  
Name: KLEIN, DAVID  
Address: 640 S. WASHINGTON BLVD., SUITE 100  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: HEYLMUN, DAVID  
Address: 280 PINE RANCH TR  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID KLEIN

MGRM

01/22/2008

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