

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008909

Entity Name: INLET 702 LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

257 MINORCA BEACH WAY  
UNIT #702  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

## Current Mailing Address:

253 MINORCA BEACH WAY  
A302  
NEW SMYRNA BEACH, FL 32169 US

## New Mailing Address:

FEI Number: 20-4453307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HYDE, CARL D  
253 MINORCA BEACH WAY  
A 302  
NEW SMYRNA BEACH, FL 32169 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: HYDE, CARL D  
Address: 253 MINORCA BEACH WAY A302  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM ( ) Delete  
Name: HYDE, BETTY W  
Address: 685 OLD ALPHARETTA RD.  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete  
Name: HYDE, CONSTANCE S  
Address: 253 MINORCA BEACH WAY A302  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## 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 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: CARL D HYDE

MGR

05/01/2006

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