2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 07, 2006 8:00 am
Secretary of State
03-27-2006 90051 034 ****50.00

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1. Entity Name

ANNA MARIA CAY REAL ESTATE & MORTGAGE COMPANY, LLC

Principal Place of Business	Mailing Address
501 D MANATEE AVE. HOLMES BEACH FL 34216	P.O. BOX 1849 ANNA MARIA FL 34216

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
3909 East Bay Dr.	
Suite, Apt. #, etc. 115	Suite, Apt. #, etc.
City & State Holmes Beach FL	City & State
Zip 34217 Country USA	Zip Country

4. FEI Number 51-0572317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, CHARLES H ESQ 501 D MANATEE AVE. HOLMES BEACH FL 34216	Name Webb, Charles H Street Address (P.O. Box Number is Not Acceptable) 3909 East Bay Dr., Suite 115 City Holmes Beach FL Zip Code 34217

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 Charles H. Webb 3-15-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGER NAME Charles H. Webb STREET ADDRESS PO Box 1849 CITY-ST-ZIP Anna Maria FL 34216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 11Ap06

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