


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90156 023 ****50.00

DOCUMENT # L05000038402 1. Entity Name MARINA AT CAPE HAZE, LLC					
Principal Place of Business 9040 TOWN CENTER PARK BRADENTON, FL 34202			Mailing Address 9040 TOWN CENTER PARK BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # 2390 Cattlemen Rd Suite, Apt. #, etc.		3. Mailing Address 3422 East County Rd D Suite, Apt. #, etc.			
City & State Sarasota FL Zip 34232		City & State Little Canada MN Zip 55117		4. FEI Number 20-2704229	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 9040 TOWN CENTER PARK BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOBBS, EDWARD JOHN 422 EAST COUNTY ROAD D LITTLE CANDAD, MN 55117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager Jeffrey Allen Gardner 418 East County Rd D Little Canada MN 55117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5-30-07 <small>Date</small>		651-461-0017 <small>Daytime Phone #</small>