

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 001 ****50.00

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DOCUMENT # L05000044580 1. Entity Name HULL BAY, LLC					
Principal Place of Business C/O ALBERTO A. MACIA 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103			Mailing Address C/O ALBERTO A. MACIA 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103		
2. Principal Place of Business <i>CRAIG L. HAAS</i> Suite, Apt. #, etc. <i>14355 N.E. 202ND LN.</i> City & State <i>FT MCCOY FL</i> Zip <i>32134</i>		3. Mailing Address <i>CRAIG L. HAAS</i> Suite, Apt. #, etc. <i>14355 N.E. 202ND LN.</i> City & State <i>FT MCCOY FL</i> Zip <i>32134</i>			
4. FEI Number <i>59-3807389</i>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04192006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent MACIA, ALBERTO A 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name <i>CRAIG L. HAAS</i> Street Address (P.O. Box Number is Not Acceptable) <i>14355 NE 202ND LN</i> <i>FT MCCOY FL</i> <i>32134</i> City <i>FL</i> 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 <i>Craig L Haas</i> DATE <i>4-20-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1. <i>CRAIG L HAAS</i> <i>14355 NE 202ND LANE</i> <i>FT MCCOY FL 32134</i>			1. <i>MGRM</i> <i>CRAIG L HAAS</i> <i>14355 NE 202ND LANE</i> <i>FT MCCOY FL 32134</i>		
2. <i>WILLIAM GOLDEN</i> <i>730 FOUNTAIN HEAD LANE</i> <i>NAPLES FL 34103</i>			2. <i>MGRM</i> <i>WILLIAM GOLDEN</i> <i>730 FOUNTAIN HEAD LANE</i> <i>NAPLES FL 34103</i>		
3. <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>			3. <i>MGRM</i> <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>		
4. <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>			4. <i>MGRM</i> <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>		
5. <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>			5. <i>MGRM</i> <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>		
6. <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>			6. <i>MGRM</i> <i>ALBERTO A MACIA</i> <i>3033 RIVIERA DRIVE, SUITE 201</i> <i>NAPLES FL 34103</i>		
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: <i>Craig L Haas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4-20-06</i> <small>Daytime Phone #</small>		