## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L05000049567** 1. Entity Name 02-03-2006 90083 031 \*\*\*\*50.00 FISHTAIL CAY, LLC Principal Place of Business Mailing Address 9853 TAMIAMI TRAIL NORTH 9853 TAMIAMI TRAIL NORTH 20004944 SUITE 218 SUITE 218 NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address , 5100 TANIANI TR. N. 5100 TANIANI TR. N. Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-LLC CR2E083 (11/05) suite 131 Suite 131 Applied For City & State City & State 4. FEI Number NAPLES 20-3494389 NAPLES Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34103 Fee Required 34103 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONSOER, GEORGE L JR Street Address (P.O. Box Number is Not Acceptable) 1625 HENDRY STREET **SUITE 301** FORT MYERS, FL 33901 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MANAGER TITLE ☐ Delete TITLE Change P Addition JAMES G. HAMMAR NAME HAME 5100 TAMIAMI TR. N., SUITE 131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34103 NAPLES TITLE ☐ Delete ШЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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 G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE NO TYPED OR PRINTED NAME OF SIGN

FILED

Feb 03, 2006 8:00 am