2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 01, 2007 8:00 am Secretary of State

-30-07

DOCUMENT # L05000103474 1. Entity Name CAYO HAI, LLC				02-01-2007 90052 021 ****50.00
Principal Place of Business 738 HARRISON AVENUE PANAMA CITY, FL 32401		Mailing Address 738 HARRISON AVENUE PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
		,		01302007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For 20-3660925 Not Applicable
Zip	Country	Zip	Country	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
BRENNAN, MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET STE 2110			Name R	ICHARD ADELMAN
			Street Addre	ss (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32202			739	8 Harrison Ave
			City F	anama City FL Zip Code 2401
8. The above named eptity 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: 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, 2007				Make check payable to Florida Department of State
9. MANAGING MEMBE		ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADELMAN, RICHARD A JR 738 HARRISON AVENUE PANAMA CITY, FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				