## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # L06000052526  1. Entity Name CEDAR BAY LAND, LLC						04-26-2007	v	1 ****50.0	00	
Principal Place 3725 FORT ( NAPLES, FL	CHARLES DRIVE	Mailing Address 3725 FORT CHARLES DRIVE NAPLES, FL 34102								
2. Principal Place of Business - No P.O. Box# 4500 GORDON DRIVE 4500 GORDON				DRIVE						
Suite, Apt. #, etc. Suite, Apt. #, etc.					04172007	Chg-LLC	CR2E0	83 (12/06)		
City & State	City & State  NAPLES				ber 5 40 3 28	·/		plied For t Applicable		
3410		3410Z				5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
ANTARAMIAN, JANA J 3725 FORT CHARLES DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, FL 34102			4500 GORDON DRIVE							
1				City NAPLES FL Zip Code 34/02						
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 Signature, typestruly whited neither of registered agent and table if applicable. / (NOTE: Registered Agent edunature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2007						Flor	ake check p ida Departm	ent of State	1	
9.	MANAGING MEMBER		10.	. 1	, , , , , , , , , , , , , , , , , , , ,	ADDITION	IS/CHANGES		F-1 - 1 - 1 - 1 - 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTARAMIAN, JACK J 3725 FORT CHARLES DRIVE NAPLES, FL 34102	□ Delete		E	USOO GO WAPLES	TOON DI		(∑x Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				<del>,                                    </del>		Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				☐ Change	Addition	
11. I hereby certify that the information supplied with this filling 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.										