## 2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # L06000094262** 1. Entity Name

**FILED** Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

819 PINEDALE ROAD FT. WALTON BEACH, FL 32547

CAYÓ GRANDE APARTMENTS-I, LLC

Mailing Address

819 PINEDALE ROAD FT. WALTON BEACH, FL 32547



04172008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	59-3348359

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, LOWELL C JR. 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547

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8.	The above named entity submits this statement for the purpose of charthe obligations of registered agent.	nging its registered office or registered agent, or l	both, in the State of Florida.	I am familiar with.	and accept
SI	GNATURE				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE	

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

05/22/08-80054-017 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.			
STREET ADDRESS	819 PINEDALE ROAD			
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547			
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11. I hereby certify that the information supplied with this filing does not qualify for the e- indicated on this report is true and accurate and that my storatuse shall have the sa				
indicated on this report is true and accurate and that my sagrature sharthave the sai				

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is filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at my supplications shall have the same legal effect as if made under oath; that I am a managing member or manager of the moon before this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or trustee

SIGNATURE:

G MEMBER, OR AUTHORIZED REPRESENTATIVE