


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L97000000076</b> 1. Entity Name THIRTY-EIGHT ANGELFISH CAY DRIVE L.C.	
---	---

Principal Place of Business 15 ANGELFISH CAY DRIVE NORTH KEY LARGO, FL 33037	Mailing Address 15 ANGELFISH CAY DRIVE NORTH KEY LARGO, FL 33037
--	--



07302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3345193	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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, 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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, DONALD L 20 PARK PLAZA, 7TH FLOOR BOSTON, MA 021164399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMGR KOZOL, JOEL A 15 ANGELFISH CAY DRIVE NORTH KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMGR MEDWED, HOWARD D 15 ANGELFISH CAY DRIVE NORTH KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000772205  
08/17/07-80003-002 50.00

DO NOT WRITE  
IN THIS SPACE

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:**  **8/10/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #