

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000006796

1. Entity Name
CARLOS POINT VACATION RENTALS, L.C.



Principal Place of Business
C/O RICHARD T. COTTER
6100 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

Mailing Address
C/O RICHARD T. COTTER
6100 ESTERO BLVD.
FORT MYERS BEACH, FL 33931



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 58-2507439 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

COTTER, RICHARD T
6100 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | FERREIRA, STACEY |
| STREET ADDRESS | 6100 ESTERO BLVD. |
| CITY- ST- ZIP | FORT MYERS BEACH, FL 33931 |

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | CORAZZA, GRETA |
| STREET ADDRESS | 6100 ESTERO BLVD. |
| CITY- ST- ZIP | FORT MYERS BEACH, FL 33931 |

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | REINFRIED, DANA |
| STREET ADDRESS | 6100 ESTERO BLVD. |
| CITY- ST- ZIP | FORT MYERS BEACH, FL 33931 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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| STREET ADDRESS | |
| CITY- ST- ZIP | |

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04/05/06-80016-016 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 605, Florida Statutes

SIGNATURE:

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

Date

Daytime Phone #

3-17-06