

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001322

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: CALOOSA COVE REALTY, L.L.C.

**Current Principal Place of Business:**

73801 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

73801 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 35-2066359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WISNER, THOMAS A  
73801 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WISNER, THOMAS A  
Address: 3439 QUIGGLE SE  
City-St-Zip: ADA, MI 49301

Title: MGRM ( ) Delete  
Name: WISNER, JOYCE S  
Address: 3439 QUIGGLE SE  
City-St-Zip: ADA, MI 49301

Title: MGRM ( ) Delete  
Name: BOTTRALL, DAVID C  
Address: 2034 STICKLEY SE  
City-St-Zip: GRAND RAPIDS, MI 49546

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS A. WISNER

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date