

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000002726**

1. Entity Name  
**WINDWALKER MARINA AT CAPE HAZE, LLC**



Principal Place of Business  
**422 EAST COUNTY ROAD D  
LITTLE CANADA, MN 55117**

Mailing Address  
**422 EAST COUNTY ROAD D  
LITTLE CANADA, MN 55117**



05302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2705573**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILSON, MICHAEL J  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
GARDNER, JEFFREY ALLEN  
422 EAST COUNTY ROAD D  
LITTLE CANADA, MN 55117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVPS  
DODDS, EDWARD J  
422 E CTY RD D  
SAINT PAUL, MN 55117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOT  
DIXON, MARK  
422 E CTY RD D  
SAINT PAUL, MN 55117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000786147  
06/12/07-80003-013 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:**

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

Date

Daytime Phone #

**5/30/07**

**651-481-0017**