


**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**

**DO NOT WRITE IN THIS SPACE**



05302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2705573</b>	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

**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 \_\_\_\_\_ (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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000796147  
 06/12/07-80003-013 50.00

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:**  (Mark Dixon) **5/30/07** **651-481-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #