


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003522  
 1. Entity Name  
 BAY BEACH V, LLC



|  |   |
|--|---|
| Principal Place of Business<br>4184 BAY BEACH LANE<br>FORT MYERS, FL 33931 | Mailing Address<br>6704 LONE OAK BLVD.<br>NAPLES, FL 34109 US |
|--|---|

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-LLC CR2E083 (12/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>01-0636750                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STERLING, JOHN J  
 6704 LONE OAK BLVD.  
 NAPLES, FL 34109

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLAUSSON, ROBERT G<br>6704 LONE OAK BLVD<br>NAPLES, FL 34109 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLAUSSON, CHRIS G<br>6704 LONE OAK BLVD<br>NAPLES, FL 34109  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000849059  
 03/21/08-80006-003 138.75

**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: Robert G. Claussen Robert G. CLAUSSEN 2/29/08 239 596 9067

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