


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L05000022057 1. Entity Name BAY2BAY PROPERTIES, LLC	
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Principal Place of Business 2201 D GRANT AVENUE PANAMA CITY, FL 32405	Mailing Address 2201 D GRANT AVENUE PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, DENNIS
 2201 D GRANT AVENUE
 PANAMA CITY, FL 32405

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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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, DENNIS 2201 D GRANT AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, NATALINA 2201 D GRANT AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKUS, KARL JUSTIN 120 CHURCH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKUS, JOSEFA AMORES 120 CHURCH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/09/07-80011-006 55.00

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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: Dennis Lane FEB 27, 2007 850 872-0190

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