


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 036 ***143.75

DOCUMENT # L05000022057

1. Entity Name
BAY2BAY PROPERTIES, LLC



Principal Place of Business
 2201 D GRANT AVENUE
 PANAMA CITY, FL 32405

Mailing Address
 2201 D GRANT AVENUE
 PANAMA CITY, FL 32405

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

00010000



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME LANE, DENNIS
 STREET ADDRESS 2201 D GRANT AVENUE
 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME LANE, NATALINA
 STREET ADDRESS 2201 D GRANT AVENUE
 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME BACKUS, KARL JUSTIN
 STREET ADDRESS 120 CHURCH STREET
 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE Change Addition
 NAME
 STREET ADDRESS **329 MICHELE DR**
 CITY-ST-ZIP **CALLAWAY, FL 32405**

TITLE MGRM Delete
 NAME BACKUS, JOSEFA AMORES
 STREET ADDRESS 120 CHURCH STREET
 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE Change Addition
 NAME
 STREET ADDRESS **329 MICHELE DR**
 CITY-ST-ZIP **CALLAWAY, FL 32405**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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* **DENNIS LANE** **MAR 17, 2008** **850**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #