


**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 #