

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023211

FILED
Jan 08, 2009
Secretary of State

Entity Name: SISTER BAY, LLC

Current Principal Place of Business:

730 GOODLETTE ROAD, NORTH STE 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

730 GOODLETTE ROAD, NORTH STE 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-8567522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BOULEVARD, STE 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DERNBACH, PAUL MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: BAKER, MATTHEW MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: JUSTIZ, WILLIAM MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: CAMPBELL, JOHN MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: COHEN, GARY MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: COLON, GARY MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW BAKER

MGR

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date