## 2008 LIMITED LIABILITY COMPANY

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

## May 06, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-06-2008 90004 010 \*\*\*138.75 DOCUMENT #L07000049897 1. Entity Name 1850 BAY, LLC 60039541 Principal Place of Business Mailing Address 1800 BAY ROAD 1800 BAY ROAD SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCLAUGHLIN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Change **IX** Addition DILE Delete ≟Mgr. Kobert W. Geyer NAME NAME STREET ADDRESS STREET ADDRESS 1800 Bay Road CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34239 Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Oelete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-22P ☐ Addition ☐ Delete ☐ Change TITLE TITLE

STREET ADDRESS CITY-ST-ZIP

4/8/08

941-366-7800

Davtime Phone #

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.

Robert W.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Geyer, Mgr.

FILED