



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

7/1

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90034 027 \*\*\*138.75

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # L07000113267  |  |   |  |
| 1. Entity Name<br>ELLISON BAY, LLC   |  |  |  |
| Principal Place of Business<br>730 GOODLETTE ROAD NORTH<br>SUITE 100<br>NAPLES, FL 34102 US  |  | Mailing Address<br>730 GOODLETTE ROAD NORTH<br>SUITE 100<br>NAPLES, FL 34102 US  |  |
| 2. Principal Place of Business No P.O. Box #   |  | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |
| City & State   |  | City & State   |  |
| Zip  | Country  | Zip  | Country  |
| 4. FEI Number<br>26-1387103  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>MORRISON, DAVID N<br>9010 STRADA STELL COURT<br>SUITE 105<br>NAPLES, FL 34109   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____  |  |  |  |
| FILE NOW!!! FEE IS \$138.75<br>Due by September 12, 2008   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                       |  |
| Make check payable to Florida Department of State  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | MGRM<br>DERNBACH, PAUL MD<br>730 GOODLETTE ROAD NORTH, SUITE 100<br>NAPLES, FL 34102 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>James Worden, MD<br>730 Goodlette Rd. N. Ste 200<br>Naples, FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>Matthew Baker, MD<br>730 Goodlette Rd. N. Ste 100<br>Naples, FL 34102 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>Jose Campomar, MD<br>730 Goodlette Rd. N. Ste 200<br>Naples, FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>William Justice, MD<br>730 Goodlette Rd. N. Ste 100<br>Naples, FL 34102 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>John Campbell, MD<br>730 Goodlette Rd. N. Ste 100<br>Naples, FL 34102 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | Managing Member<br>Gary Colon, MD<br>730 Goodlette Rd. N. Ste 100<br>Naples, FL 34102 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:    |  | Date: 7/24/08  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |  |