

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113267

FILED
Apr 22, 2009
Secretary of State

Entity Name: ELLISON BAY, LLC

Current Principal Place of Business:

730 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

730 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 26-1387103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, DAVID N
9010 STRADA STELL COURT
SUITE 105
NAPLES, FL 34109 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 ROAD NORTH, SUITE 100
City-St-Zip: NAPLES, FL 34102 US

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: COLON, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL DERNBACH

MGRM

04/22/2009

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