

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113267

FILED
Feb 10, 2011
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 (X)

Name and Address of Current Registered Agent:

ANDREWS, ELAINE
730 GOODLETTE RD N
SUITE 100
NAPLES, FL 34102 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
Name: DERNBACH, PAUL MD
Address: 730 GOODLETTE ROAD NORTH, SUITE 100
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: JOSE, CAMPOAMOR MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

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

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

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

Title: MGRM
Name: WORDEN, JAMES
Address: 730 GOODLETTE RD N
City-St-Zip: NAPLES, FL 34102

I hereby 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

DR

02/10/2011

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