

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050483

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTH BAY DEVELOPERS GROUP, LLC

Current Principal Place of Business:

50 W. MASHTA DR, STE 2
KEY BISCAYNE, FL 33149

New Principal Place of Business:

50 W. MASHTA DR,
SUITE # 2
KEY BISCAYNE, FL 33149

Current Mailing Address:

50 W. MASHTA DR, STE 2
KEY BISCAYNE, FL 33149

New Mailing Address:

50 W. MASHTA DR,
SUITE # 2
KEY BISCAYNE, FL 33149

FEI Number: 52-2419577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, ROBERTO G
50 W MASHTA DRIVE
SUITE #2
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CORTES, ROBERTO G
50 W MASHTA DRIVE
SUITE # 2
KEY BISCAYNE, FL 33149 US

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: ROBERTO CORTES

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEISSON HOLDING, LLC
Address: 50 W MASHTA DRIVE SUITE #2
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: ALLEGIANCE PARTNERS, INC.
Address: 50 W MASHTA DRIVE SUITE #2
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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: ROBERTO CORTES

RA

04/27/2009

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