## FILED Apr 24, 2008 08:00 AN Secretary of State

|   | y May 1, 200  | . REPORT |
|---|---|----------|
| DOCUMENT # A04000   |   |          |
| Principal Place of Business 3550 BUSCHWOOD PARK DRIVE SUITE 260 TAMPA, FL 33618 | Mailing Address<br>2432 FLAGLER AVE<br>KEY WEST, FL 33040 | ,        |
| DO NOT WRI  | TE IN THIS SF   | PACE     |
| 6. Name and Address of Cu   | rrent Registered Agent                                    |          |
| WILLIS, GUY A<br>2432 FLAGLER AVENUE<br>KEY WEST, FL 33040                      |   |          |

8. The above named entity submits this statement for the purpose of changing its registered office or register

GENERAL PARTNER INFORMATION

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen

Signature, typed or printed name of registered agent and title if applicable

3550 BUSCHWOOD PARK DRIVE STE 260

the obligations of registered agent.

L04000062740

TAMPA, FL 33618

BLUE BAY RESIDENCES, LLC

12.

NAME

HERE

STAPLE CHECK

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

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|   |                           |                                     |                          |   |                               |
|   | 04182008 No               | Chg-LP                              | CR2                      | E003 (12                                  | 2/06)                         |
|   | 4. FEI Number<br>13-42870 | )19                                 |                          | -   | Applied For<br>Not Applicable |
|   | 5. Certificate of         |                                     |                          |   | 5 Additional                  |
|   | DO N                      | HIS SP                              | AC                       | E In tamiliar                             | with and accept               |
|   |                           |                                     | DATE                     |   |                               |
| ı | ERED AND AC               | 05/14/08-<br>T <b>ive W</b> ith thi | 09206<br>-2005<br>s OFFI | :85<br><del>3-01:</del><br>CE.<br>artner. | <del>3 500.00</del>           |
|   |                           |                                     |                          |   |                               |
|   | DON                       | OT WF                               | 2ITE                     |   |                               |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING

Guy AWILL'S Agent

Profes

Basses Phone