

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005630

FILED
May 01, 2004
Secretary of State

Entity Name: SOUTHERN BAY PARTNERS, LLC

Current Principal Place of Business:

5415 JAEGER RD. #A
NAPLES, FL 34109

New Principal Place of Business:

24830 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134

Current Mailing Address:

5415 JAEGER RD. #A
NAPLES, FL 34109

New Mailing Address:

24830 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134

FEI Number: 65-1005334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 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/MEMBERS:

Title: PTNR () Delete
Name: BAGLEY, MARK
Address: 5415 JAEGER RD. #A
City-St-Zip: NAPLES, FL 34109

Title: PTNR () Delete
Name: HOLMES, ROBERT
Address: 1473 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAGLEY, MARK
Address: 24830 BURNT PINE DRIVE #3
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR (X) Change () Addition
Name: HOLMES, ROBERT
Address: 1473 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK A. BAGLEY

MGR

05/01/2004

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