2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State			
DOCUMENT # L0000005630 1. Entity Name SOUTHERN BAY PARTNERS, LLC							07 90067 008 ***1	
Principal Place of Business 24830 BURNT PINE DRIVE SUITE 3 BONITA SPRINGS, FL 34134		Mailing Address 24830 BURNT PINE DRIVE SUITE 3 BONITA SPRINGS, FL 34134			II Ba iki Ba ihi Ba kii Ba iii B	NIII ETIII BURN BURN BURN BURN BU	14 1.117 1 11 11	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb		⊢	plied For t Applicable	
Zip	Country	Zip Coun		•	1	e of Status Desired	□ \$5.00 Add Fee Require	
-	6. Name and Address of Current i	Registered Agent			7. Name and	d Address of New	Registered Agent	
NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109				Name Mark Bagley Street Address (P.O. Box Number is Not Acceptable) 24830 BUINT PINE DI. # 3 City County				
8. 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. I am familiar with, and accept								
the obligations of registered agent. SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sig	gneture required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007						•	ke check payable to la Department of State	a .
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition
NAME	BAGLEY, MARK		NAME	.				
STREET ADDRESS CITY-ST-ZIP	24830 BURNT PINE DRIVE #3 BONITA SPRINGS, FL 34134		STREET ADDRES	×				}
TITLE	MGR	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	HOLMES, ROBERT	□ Delete	NAME					
STREET ADDRESS	1473 VIA PORTOFINO		STREET ADDRES	ss				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	<u>.</u>			FT 01	C
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
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NAME			NAME					·
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS				
TITLE		☐ Delete	TITLE		····		☐ Change	Addition
NAME		20.00	NAME				_ *	
STREET ADDRESS			STREET ADDRES	22				
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11. 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 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.								
SIGNATURES MAN PORSE								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviume Phone •								