

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007243

Entity Name: BACKSTAY, LLC

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

1821 NW 31ST TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1821 NW 31ST TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3655043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, SAM W JR.
605-E NE 1ST STREET
GAINESVILLE, FL 32601 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: MGR () Delete
Name: MORRIS, FREDERICK W 4TH
Address: 1821 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: MORRIS, SUSAN S
Address: 1821 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: MORRIS, FREDERICK W 5TH
Address: 1821 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MORRIS, FREDERICK W 5TH
Address: 4750 SE 33 AVE
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the 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: FREDERICK W. MORRIS IV

MGR

01/30/2007

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