2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000007243

1. Entity Name BACKSTAY, LLC



Principal Place of Business

1821 NW 31ST TERRACE GAINESVILLE, FL 32605

Mailing Address 1821 NW 31ST TERRACE GAINESVILLE, FL 32605

FILED Feb 06, 2008 08:00 AM **Secretary of State**



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3655043

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOONE, SAM W JR. 605-E NE 1ST STREET GAINESVILLE, FL 32601

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8. The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida. I am famillar with, and accept
the obligations of registered agent.	

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, FREDERICK W 4TH 1821 NW 31ST TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, SUSAN S 1821 NW 31ST TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, FREDERICK W 5TH 4750 SE 33 AVE OCALA, FL. 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

02/15/08-80008-024 138.75

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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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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AUTHORIZED REPRESENTATIVE Data Devalum Priore 6