2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED May 29, 2008 8:00 am Secretary of State

ANNUAL REPURI			Secretary of State	
DOCUMENT # L01000010 1. Entity Name FLORIDA BAY AT GRANDE OAK, L.I			05-29-2008 90014 006 ***138.75	
Principal Place of Business 150 11 St. S 3200 BAILEY LANE, STE. 117 # 203 NAPLES, FL-34105 Naples, Fl. 3410	Mailing Address 3200 BAILEY LANE, STE. 117- ZNAPLES, FL 34105	#203 ptcs, F1.	S. 3422-	50006279
DO NOT WRITE IN THIS SPACE			04292008 No Chg-LLC 4. FEI Number 65-1075737 5. Certificate of Status Desired	CR2E083 (12/07) Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current F	egistered Agent			
PASSIDEMO, JOHN 821 5TH AVE S # 201 NAPLES, FL 34102		DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent at the control of the control		ed office or register		Ia. I am familiar with, and accept
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9. MANAGING MEMBER TITLE MGR SHEPHERD, NICHOLAS J STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME				
STREET ADDRESS City-ST-ZIP				!
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPA	∤ CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or masses.	this filing does not qualify for the exthat my signature shall have the sar	emptions containe ne legal effect as i as required by Cha	d in Chapter 119, Florida Statutes. I fu I made under oath; that I am a manag opter 608, Florida Statutes.	urther certify that the information ging member or manager of the

Date

Daytime Phone #