2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003464

1. Entity Name SMALL BAY PARTNERS, LLC



Principal Place of Business

2200 LUÇIEN WAY SUITE 350 MAITLAND, FL 32751 Mailing Address

PO BOX 940877 MAITLAND, FL 32794-0877

FILED Jan 28, 2008 8:00 am **Secretary of State**

01-28-2008 90071 023 ***138.75



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3719463

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TATICH, PHILIP 341 NORTH MAITLAND AVE., STE 340 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 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	MGR		
NAME	LSL CORPORATION		
STREET ADDRESS	PO BOX 940877	1	
CITY-ST-ZIP	MAITLAND, FL 327940877		
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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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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