2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010829

1. Entity Name

TALON BAY PROPERTIES, LLC



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

13035A TAMIAMI TRAIL NORTH PORT, FL 34287 Mailing Address

13035A TAMIAMI TRAIL NORTH PORT, FL 34287



04272004 No Chg-LLC

4-27-04

CR2E083 (10/03)

Fee Required

Applied For

Not Applicable

4. FEI Number 65-1141329 \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

			174 11110	OIAGE	
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 (No		(NOTE Registered Agent signature recu	(NOTE Rogistered Agent signature recuired whon reinstating) DATE		
	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIPPS, PETER E 227 WOODINGHAM LANE VENICE, FL 34292			a. 2629 4. 828 . J. 14-5027 511 55. 18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIPPS, KAREN 227 WOODINGHAM LANE VENICE, FL 34292		{ · · · · · ·	: 54: 14:-646; 7: 511 56. 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SSPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST-ZIP					
11. I hereby of indicated limited lia	pertify that the information symplied with this bing does not queen this report is true and accurate and that my signature shability company or the receiver of trustee ampowered to exec	ralify for the exemption stated in Ill have the same legal effect as in the this report as required by Ch	Section 119.07(3)(i), Florida f made under oath, that I am apter 608, Florida Statutes	Statutes. I further certify that the information a managing member or manager of the	

O NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE