2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010829

Entity Name: TALON BAY PROPERTIES, LLC

Current Principal Place of Business:

5900 PAN AMERICA BLVD, SUITE 101
NORTH PORT, FL 34287

New Principal Place of Business:

5900 PAN AMERICAN BLVD
SUITE 104
NORTH PORT, FL 34287

Current Mailing Address:

5900 PAN AMERICA BLVD, SUITE 101
NORTH PORT, FL 34287

New Mailing Address:

5900 PAN AMERICAN BLVD
SUITE 104
NORTH PORT, FL 34287

FEI Number: 65-1141329   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948   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: SHIPPS, PETER E
Address: 5900 PAN AMERICAN BLVD STE 101
City-St-Zip: NORTH PORT, FL 34287

Title: V   ( ) Delete
Name: SHIPPS, KAREN A
Address: 5900 PAN AMERICAN BLVD STE 101
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGR   (X) Change ( ) Addition
Name: SHIPPS, PETER E
Address: 5900 PAN AMERICAN BLVD STE 104
City-St-Zip: NORTH PORT, FL 34287

Title: V   (X) Change ( ) Addition
Name: SHIPPS, KAREN A
Address: 5900 PAN AMERICAN BLVD STE 104
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify 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: PETER E. SHIPPS   MGR   04/10/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date