


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003589	
1. Entity Name DUCK BAY, LLC	

Principal Place of Business 48 LONGPOINT DR. AMELIA ISLAND, FL 32034	Mailing Address 48 LONGPOINT DR. AMELIA ISLAND, FL 32034
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DO NOT WRITE IN THIS SPACE

01302004 No Chg-LLC		CR2E083 (10/03)	
4. FEI Number 04-3605508	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COMA, ROBERT S 48 LONGPOINT DR. AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COMA, SYLVIA M 48 LONGPOINT DR. AMELIA ISLAND, FL 32034
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/11/04 (904) 261-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #