


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90249 013 \*\*\*\*50.00

<b>DOCUMENT # L02000004631</b>	
1. Entity Name <b>MONEY BAYOU, LLC</b>	

Principal Place of Business <b>5746 CENTERVILLE ROAD TALLAHASSEE, FL 32309</b>	Mailing Address <b>5746 CENTERVILLE ROAD TALLAHASSEE, FL 32309</b>
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2. Principal Place of Business - No P.O. Box # <b>1934 CR 30</b>	3. Mailing Address <b>same</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Port St Joe, FL</b>	City & State
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Zip <b>32456</b>	Country <b>USA</b>	Zip	Country
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6. Name and Address of Current Registered Agent			
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<b>GIBSON, TOM</b> <b>206 E 4TH ST</b> <b>PORT SAINT JOE, FL 32456</b>			
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7. Name and Address of New Registered Agent			
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Name <b>Robyn A Rennick</b> Street Address (P.O. Box Number is Not Acceptable) <b>1934 CR 30</b> City <b>Port St. Joe</b> <b>FL</b> Zip Code <b>32456</b>			
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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 <b>Robyn A Rennick</b> <b>4/6/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HARDMAN, PATRICIA K</b> <b>5746 CENTERVILLE ROAD</b> <b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board/Treasurer</b> <b>Robyn A Rennick</b> <b>1934 CR 30</b> <b>Port St. Joe, FL 32456</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Robyn A Rennick</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>Robyn Board member/treasurer</b> <b>4/6/07</b> <b>850 5274671</b> <small>Date Daytime Phone #</small>	