

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000008934

FILED
May 02, 2008
Secretary of State**Entity Name:** SPRING BAY MANAGEMENT, LLC**Current Principal Place of Business:**816 A1A NORTH
SUITE 201
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:****Current Mailing Address:**816 A1A NORTH
SUITE 201
PONTE VEDRA BEACH, FL 32082**New Mailing Address:****FEI Number:** 01-0662519**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREGORY, CHARLES R
816 A1A NORTH
SUITE 201
PONTE VEDRA BEACH, FL 32082 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: SONTAG, FREDERICK B MANAGER
Address: 816 A1A N. SUITE 201
City-St-Zip: PONTE VEDRA BEACH, FL 32082 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: GREGORY, CHARLES R
Address: 816 A1A N. SUITE 201
City-St-Zip: PONTE VEDRA BEACH, FL 32082 USTitle: VP () Change (X) Addition
Name: RYAN, DANIEL M
Address: 816 A1A N. SUITE 201
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: 'FREDERICK B SONTAG'

MGR

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date