

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009334

Entity Name: SCARMA BAY ONE, L.L.C.

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

524 EATON STREET  
KEY WEST, FL 33040

## **New Principal Place of Business:**

524 EATON STREET  
SUITE 150  
KEY WEST, FL 33040

## **Current Mailing Address:**

524 EATON STREET  
KEY WEST, FL 33040

## **New Mailing Address:**

524 EATON STREET  
SUITE 150  
KEY WEST, FL 33040

FEI Number: 02-0586288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BOHATCH, JOHN S  
2600 DOUGLAS ROAD, PH-8  
CORAL GABLES, FL 33134 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: MGRM  
Name: KEPHART, LYNN H  
Address: 524 EATON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM  
Name: FLYNN, DEBRA  
Address: 1010 KENNEDY DRIVE SUITE 400  
City-St-Zip: KEY WEST, FL 33040

I hereby 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: LYNN KEPHART

MGRM

05/01/2012

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