## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000028955

1. Entity Name

TERN BAY DEVELOPMENT CO., LLC



FILED Jul 31, 2007 08:00 AM Secretary of State

Principal Place of Business

3458 ANGLIN DRIVE, STE. A SARASOTA, FL 34242 Mailing Address

3458 ANGLIN DRIVE, STE. A SARASOTA, FL 34242



07192007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 43-1980950                       | <br>   | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NASH, DAVID 3458 ANGLIN DRIVE, STE. A SARASOTA, FL 34242

CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  |   | ***************************************                      |  |  |
|--|---|--|--|--|
|  | named entity submits this statement for the purpose of changing ions of registered agent. | its registered office or registered agent, or t              | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable. (N          | ICITE. Registered Agent signature required when reinstating) | DATE   |  |
|  | Signature, typed or printed name or registered again and use it applicable. (V            | ICFE. Registered Agent signature required when teinstaung)   | Ων.ίΣ  |  |
| Fil<br>Due i                                   | ing Fee is \$50.00<br>sy September 14, 2007   |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP | MGRM<br>IME RESORTS, LLC<br>3458 ANGLIN DRIVE, STE. A<br>SARASOTA, FL 34242               |  |  |  |
| THEE NAME STREET ADDRESS CHY-ST-ZIP            | MGRM PARKER TERN BAY LLC 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912              | ·  | U000007708 <b>4</b> 2<br>07/31/07-80003-009 50.00            |  |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP          |   | DC   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | IN   | THIS SPACE   |  |
| TITLE NAME STREET ACORESS CATY-ST-ZIP          |   |  |  |  |
| TITLE NAME STREET ADDRESS                      |   |  |  |  |

11. I hereby certify that the information supplied with this filling 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.

MUID KUIZHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE