

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000028955

1. Entity Name

TERN BAY DEVELOPMENT CO., LLC



Principal Place of Business

3458 ANGLIN DRIVE, STE. A  
SARASOTA, FL 34242

Mailing Address

3458 ANGLIN DRIVE, STE. A  
SARASOTA, FL 34242



04012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1980950

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IME RESORTS, LLC
STREET ADDRESS	3458 ANGLIN DRIVE, STE. A
CITY- ST- ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	PARKER TERN BAY LLC
STREET ADDRESS	9001 DANIELS PARKWAY SUITE 200
CITY- ST- ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000305077  
05/01/08-80037-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

ELAINE M. STULTZ

4/4/08

Date

239.481.5040 x 206

Daytime Phone #

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