2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 030 ****50.00

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1. Entity Name
BANANA BAY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407	PO BOX 9621 PANAMA CITY, FL 32417

02012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 19404	P.O. BOX 19404
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama city beach, FL	City & State: Panama city beach, FL
Zip: 32417 Country: USA	Zip: 32417 Country: USA

4. FEI Number 14-1854718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TEHRANI, H. T.
13109 OLEANDER DR.
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARHET, LLC PO BOX 9621 PANAMA CITY BEACH, FL 32417	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR H.T. TEHRANI P.O. BOX 19404 Panama City beach, FL 32417	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] MGR 2-2-04 (850)960-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #