

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032700

FILED
Apr 27, 2006
Secretary of State

Entity Name: BY THE BAY MANAGEMENT, L.L.C.

Current Principal Place of Business:

223 WEST GREGORY STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

223 WEST GREGORY STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 65-1163780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONTRAGER, ROGER A
1211 NORTH 14TH AVE
PENSACOLA, FL 32503 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: BONTRAGER, ROGER A
Address: 1211 NORTH 14TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: BONTRAGER, RENEE M
Address: 1211 NORTH 14TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: NELSON, DONNA M
Address: 5212 CRYSTAL CREEK DRIVE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NELSON, DONNA M
Address: 5401 GWEN LANE
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGER A BONTRAGER

MGR

04/27/2006

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