

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032700

FILED  
Apr 28, 2009  
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  
1162 GANGES TRAIL  
GULF BREEZE, FL 32563 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: 1162 GANGES TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: BONTRAGER, RENEE M  
Address: 1162 GANGES TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

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

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2009

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