

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L02000032977 1. Entity Name M & S PROPERTIES OF BAY COUNTY, LLC	
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Principal Place of Business 8501 FRONT BCH RD PANAMA CITY BEACH FL 32407 US	Mailing Address 8501 FRONT BCH RD PANAMA CITY BEACH FL 32407 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 06-1668921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
MCLELLAND, SCOTT D 8905 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	Name Street Address (P.O. Box Number is Not Acceptable) City <table style="width: 100%; border: none;"> <tr> <td style="text-align: right; border: none;">FL</td> <td style="border: none;">Zip Code</td> </tr> </table>	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	PD <input type="checkbox"/> Delete MCLELLAND, SCOTT D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000760043
STREET ADDRESS	8905 FRONT BEACH ROAD	STREET ADDRESS	05/24/07-80066-019 50.00
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete SLEETH, CHARLES D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8905 FRONT BEACH ROAD	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____