

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000060

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: GREAT BAY INVESTMENTS, LLC

**Current Principal Place of Business:**

4400 S. 70TH ST.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3284  
BRANDON, FL 33509

**New Mailing Address:**

FEI Number: 11-3671713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALDANE, WADE D  
4400 S. 70TH ST.  
TAMPA, FL 33619 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: HALDANE, WADE D  
Address: 4400 S. 70TH ST.  
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete  
Name: HALDANE, WILLIAM L  
Address: 4400 S. 70TH ST.  
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete  
Name: HALDANE, CHARLES W  
Address: 18405 CANARY LN  
City-St-Zip: LUTZ, FL 33558

**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: WADE HALDANE

MGR

04/06/2008

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