

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000015775

FILED
Nov 27, 2007
Secretary of State

Entity Name: BACK BAY IMPROVEMENT GROUP LLC

Current Principal Place of Business:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 05-0553944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAFONE, SALVATORE A
4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 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: SCHIAFONE, SALVATORE A
Address: 1179 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: MGR () Delete
Name: MARKOWITZ, ED
Address: 6914 CAVIRO LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR (X) Delete
Name: BRACCI, STEVEN J
Address: 3793 LONGFELLOW ROAD
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHIAFONE, SALVATORE A
Address: 4751 BONITA BEACH ROAD
City-St-Zip: BONTIA SPRINGS, FL 34134

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: SALVATORE SCHIAFONE

MGR

11/27/2007

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