

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020142

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** INLET BAY DEVELOPMENT, LLC

**Current Principal Place of Business:**

2410 SW ISLAND CREEK TRAIL  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 759523  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 74-3113151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, ROBERT W  
2410 SW ISLAND CREEK TRAIL  
PALM CITY, FL 34990 US

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

NELSON, KELLI A  
9747 WEST SAMPLE ROAD  
PALM CITY, FL 34990 US

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: KELLI A. NELSON

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NELSON, ROBERT W  
Address: 2410 SW ISLAND CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM  
Name: NELSON, DARCI A  
Address: 2410 SW ISLAND CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990 US

Title: MEMB  
Name: NELSON, ANDREW S  
Address: 9870 SW EASTBROOK CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: MEMB  
Name: NELSON, KELLI A  
Address: 7969 NW 127TH LANE  
City-St-Zip: PARKLAND, FL 33076 US

Title: MEMB  
Name: NELSON, MARC W  
Address: 2410 SW ISLAND CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990 US

I hereby 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: DARCI A. NELSON

MGRM

01/04/2011

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