


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90119 001 \*\*\*660.00

<b>DOCUMENT # L03000027779</b>	
1. Entity Name GARDEN BAY, LLC	

Principal Place of Business 66 N. ATLANTIC AVENUE, STE. 205 COCOA BEACH, FL 32931	Mailing Address 66 N. ATLANTIC AVENUE, STE. 205 COCOA BEACH, FL 32931
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03172006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2118147	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SCALES, ROBERT JOSEPH  
66 N. ATLANTIC AVENUE, STE. 205  
COCOA BEACH, FL 32931

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZANA, YANE F 66 N. ATLANTIC AVENUE #205 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCALES, ROBERT 66 N ATLANTIC AVE STE 205 COCOA BEACH, FL 32931
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Yane F. Zana *Managing Member* 5/1/06 (772) 532 3418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #