

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029078

Entity Name: TIGER BAY PARTNERS, LLC

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

9220 SW 149TH ST
LAKE BUTLER, FL 32054

New Principal Place of Business:

170 VERA CRUZ DRIVE
UNIT #337
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 1273
VERONA, VA 24482

New Mailing Address:

FEI Number: 19-8300073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETTOR, WILLIAM T III
9220 SW 149TH ST
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

DETTOR, WILLIAM T III
170 VERA CRUZ DRIVE
UNIT #337
PONTE VEDRA BEACH, FL 32082 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:

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DETTOR, WILLIAM T III
Address: 9220 SW 149TH ST
City-St-Zip: LAKE BUTLER, FL 32054

Title: MGRM () Delete
Name: DETTOR, ELIZABETH A
Address: P.O. BOX 1273
City-St-Zip: VERONA, VA 24482

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DETTOR, WILLIAM T III
Address: 170 VERA CRUZ DRIVE, UNIT #337
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: ELIZABETH A. DETTOR

MGRM

01/30/2009

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