
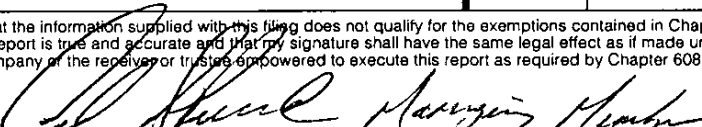


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 027 ****50.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # L03000031578 1. Entity Name GULF TO BAY MOTEL, L.L.C. | | | |  | |
| Principal Place of Business 5405 NORTH CHURCH AVE. TAMPA, FL 33614 | | | Mailing Address 5405 NORTH CHURCH AVE TAMPA, FL 33614 | | |
| 2. Principal Place of Business - No P.O. Box # 9359 US HIGHWAY 19 | | 3. Mailing Address 9359 US HIGHWAY 19 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PINELLAS PARK, FL | | City & State PINELLAS PARK, FL | | | |
| Zip 33782 | Country | Zip 33782 | Country | 01132007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent PERSAD, CARL 5405 NORTH CHURCH AVE. TAMPA, FL 33614 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9359 US HIGHWAY 19 City PINELLAS PARK, FL Zip Code 33782 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PERSAD, CARL S 5405 NORTH CHURCH AVE. TAMPA, FL 33614 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9359 US HIGHWAY 19 PINELLAS PARK, FL 33782 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PERSAD, SHAMDAI 5405 NORTH CHURCH AVE TAMPA, FL 33614 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9359 US HIGHWAY 19 PINELLAS PARK, FL 33782 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE  | | | 1/24/07 727-459-8206 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |