

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033561

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** MANATEE BAY ASSOCIATES, LLC

**Current Principal Place of Business:**

12800 UNIVERSITY DRIVE  
SUITE #400  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE #400  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 20-0278379      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GY CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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: CORDELLO, DOUGLAS J  
Address: 12800 UNIVERSITY DR, STE 400  
City-St-Zip: FT MYERS, FL 33907

Title: MGR      ( ) Delete  
Name: ROSEN, MICHAEL E  
Address: 12800 UNIVERSITY DR, STE 400  
City-St-Zip: FT MYERS, FL 33907

**ADDITIONS/CHANGES:**

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 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: DOUGLAS J. CORDELLO      MGR      04/10/2007

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