


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000038929</b>	
<b>1. Entity Name</b> INTERBAY, LLC	

<b>Principal Place of Business</b> 2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607	<b>Mailing Address</b> 2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607
--	--



02202006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0303188	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  STROHAUER, GARY N 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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


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

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM THE RYAN GROUP, LLC 2502 N. ROCKY POINT DRIVE TAMPA, FL 33607
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000480754  
04/11/06-80004-017 50.00

**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 808, Florida Statutes.**

**SIGNATURE:**  **3/22/06 813-288-8078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #