2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 28, 2006 8:00 am
Secretary of State
05-04-2006 90035 046 ****50.00

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1. Entity Name
O'BAY PARTNERS, LLC

30011343

Principal Place of Business	Mailing Address
219 AVENUE E APALACHICOLA, FL 32320	P.O. BOX 789 APALACHICOLA, FL 32329

01152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-0439491
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDMAN, MARK W 219 AVENUE E APALACHICOLA, FL 32320	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRIEDMAN, MARK W P.O. BOX 789 APALACHICOLA, FL 32329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, PRES FRIEDMAN, MARK PO BOX 789 APALACHICOLA FL 32329	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRIEDMAN, MICHAEL PO BOX 69 PANACEA, FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, VP FRIEDMAN, MICHAEL PO BOX 69 PANACEA FL 32346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, MANAGER, CEO FRIEDMAN DEVELOPMENT GROUP, INC PO BOX 789 APALACHICOLA, FL 32329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

Pres

Vice Pres

Mgrm

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: Mark Friedman, MGRM 1-16-06 850-653-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #