


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 034 ***138.75

DOCUMENT # L03000049532	
1. Entity Name O'BAY PARTNERS, LLC	

Principal Place of Business 219 AVENUE E APALACHICOLA, FL 32320	Mailing Address P.O. BOX 789 APALACHICOLA, FL 32329
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60037269



2. Principal Place of Business - No P.O. Box # 46-16TH ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State APALACHICOLA, FL	City & State
Zip 32320	Country
Country	Country

4. FEI Number 20-0439491	Applied For Not Applicable
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6. Name and Address of Current Registered Agent FRIEDMAN, MARK W 219 AVENUE E APALACHICOLA, FL 32320	
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7. Name and Address of New Registered Agent Name <u>MARK W. FRIEDMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>46-16TH ST.</u> City <u>APALACHICOLA</u> FL Zip Code <u>32320</u>	
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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 <u>Mark W. Friedman</u> DATE <u>4-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRIEDMAN, MARK W P.O. BOX 789 APALACHICOLA, FL 32329 <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	VP FRIEDMAN, MICHAEL PO BOX 69 PANACEA, FL 32346 <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
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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: <u>Mark W. Friedman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4-21-08</u> <small>Daytime Phone #</small>