


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90101 011 \*\*\*\*55.00

<b>DOCUMENT # L03000050972</b> 1. Entity Name <b>BACK BAY, LLC</b>					
Principal Place of Business <b>2630 BULRUSH LANE</b> <b>NAPLES, FL 34105 US</b>			Mailing Address <b>2630 BULRUSH LANE</b> <b>NAPLES, FL 34105 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GEHRKE, CHARLES R</b> <b>5129 CASTELLO DRIVE</b> <b>#1</b> <b>NAPLES, FL 34103</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARRETT, WILLIAM A</b>		NAME		
STREET ADDRESS	<b>2630 BULRUSH LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILHELM, FRED J</b>		NAME		
STREET ADDRESS	<b>5888 THREE IRON DRIVE, #1201</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REID, CHARLES M</b>		NAME		
STREET ADDRESS	<b>2200 CARLISLE ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO, NC 27408</b>		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STANLEY, JAMES W</b>		NAME		
STREET ADDRESS	<b>5904 THREE IRON DRIVE, #2104</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Fred J. Wilhelm</i> <b>FRED J. WILHELM</b>			Date: <b>2/20/04</b> 239-0988		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		