


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90067 038 ***138.75

| | |
|--|---|
| DOCUMENT # L03000051247 1. Entity Name 509 WEST BAY STREET, LLC |  |
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|--|--|
| Principal Place of Business 101 S FRANKLIN ST 101 TAMPA, FL 33602 | Mailing Address 101 S FRANKLIN ST 101 TAMPA, FL 33602 |
|--|--|

DO NOT WRITE IN THIS SPACE

60005187



01142008No Chg-LLC CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0466926 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GARDNER, J STEPHEN 101 S FRANKLIN STREET, STE 101 TAMPA, FL 33602 |
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**DO NOT WRITE
IN THIS SPACE**

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.

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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM SMITH, JAMES C 8 CHANNEL AVE UNIT B WRIGHTSVILLE BEACH, NC 28480 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
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IN THIS SPACE**

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.

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|---|--------------------------------|--|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 1/21/08 <small>Date</small> | 704.258.3407 <small>Daytime Phone #</small> |
|---|--------------------------------|--|