2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90117 042 ***138.75

DOCUMENT # L03000052124

1. Entity Name
WESTBAY MARKETING LLC

Principal Place of Business	Mailing Address
1920 W. BAY DR SUITE 4 LARGO, FL 33770 US	1920 W. BAY DR SUITE 4 LARGO, FL 33770

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2840 West Bay Drive		2840 West Bay Dr	
Suite, Apt. #, etc. #174		Suite, Apt. #, etc. #174	
City & State Belleair Bluffs		City & State Belleair Bluffs	
Zip 33770	Country Pinellas	Zip 33770	Country Pinellas

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0517967 ☐ 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
LAYMAN, JASON R 1920 W. BAY DR SUITE 4 LARGO, FL 33770	Name Layman, Jason R Street Address (P.O. Box Number is Not Acceptable) 2840 West Bay Dr Suite #174 City Belleair Bluffs FL Zip Code 33770

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] 04-09-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROCHETTI, GARY J		NAME	
STREET ADDRESS	211 HARBORVIEW LANE		STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAYMAN, JASON R		NAME	
STREET ADDRESS	2300 SETON LANE		STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: [signature: Brochetti] 4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #