

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # LC4000024837

**1. Entity Name
SHOPS BY THE BAY, LLC**



**Principal Place of Business
50 SIMMONS COURT
OCHLOCKONEE BAY, FL 32346**

**Mailing Address
50 SIMMONS COURT
OCHLOCKONEE BAY, FL 32346**



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0953602**

**Applied For
Not Applicable**

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, I L
50 SIMMONS COURT
OCHLOCKONEE BAY, FL 32346**

**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

SIGNATURE

Signature, typed or printed name of person signing

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MRS.
CARROLL, I L
50 SIMMONS COURT
OCHLOCKONEE BAY, FL 32346**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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01/23/07-80011-012 50.00

**DO NOT WRITE
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.

SIGNATURE:

Incarnate

1/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #