

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026576

Entity Name: BAY MAGNOLIA LANE, LLC

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

45 BAY MAGNOLIA LANE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1655  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-0945446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKLIN H. WATSON, P.A.  
5365 E. COUNTY HWY 30A, STE 105  
SEAGROVE BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PERRY, MIKEL L  
Address: 45 BAY MAGNOLIA LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PERRY, MIKEL L  
Address: 303 GULF SHORE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKEL LEE PERRY

MGR

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date