

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 FEB 14 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L04000037043</b> 1. Entity Name <b>WESTBAY CITY HOMES, LLC</b>					
Principal Place of Business <b>209 SOUTH 12TH STREET SUITE A TAMPA, FL 33602</b>			Mailing Address <b>209 SOUTH 12TH STREET SUITE A TAMPA, FL 33602</b>		
2. Principal Place of Business		3. Mailing Address <b>11300 Fourth Street N</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State		City & State <b>St. Petersburg, FL</b>			
Zip <b>33716</b>	Country <b>USA</b>	4. FEI Number <b>20-1127977</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SCHLOSSER, RICHARD A 500 E. KENNEDY BLVD., STE. 200 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Julie V. Fanelli</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 Fourth Street N, Suite 200</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>		
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 <u><i>Julie V. Fanelli</i></u> DATE <u><b>2/26/06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GATEWOOD, ROGER B 123 BAYPOINT DRIVE NE ST PETERSBURG, FL 33704</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mgrm M. Steven Sembler 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mgrm Darian W. Johnson 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Marian W. Delu</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><b>1/26/06</b></u> <b>727-577-5522</b> <small>Date Daytime Phone #</small>		