

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 007 ****55.00

DOCUMENT # L04000037043

1. Entity Name
WESTBAY CITY HOMES, LLC



Principal Place of Business
**11300 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33716**

20008444



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1127977

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

**FANELLI, JULIE V
11300 FOURTH STREET N., SUITE 200
ST. PETERSBURG, FL 33716**

Name **BALLAST POINT GROUP LLC**

Street Address (P.O. Box Number is Not Acceptable)

11300 4th St. N, Suite 200

City **St. Petersburg**

FL

Zip Code
33716

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 *Julie V. Fanelli* **Julie V. Fanelli**

4/17/07

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **SEMBLER, M. STEVEN**
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Ballast Point Group LLC**
STREET ADDRESS **11300 4th St. N., Suite 200**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **MGRM** ☒ Delete
NAME **JOHNSON, DARIAN W**
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Darian W. Johnson* **Darian W. Johnson** **4/17/07** **727-577-9197**

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

Date

Daytime Phone #