2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2007 8:00 am

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DOCUMENT # L04000037043 1. Entity Name WESTBAY CITY HOMES, LLC						,	04-20-200	_	007 ****5	
Principal Place	e of Business	Mailing Address							_	
11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		0	ZUUU8444					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04032007	Chg-LLC	CR2E	E083 (12/06)	
City & State		City & State				4. FEI Numbe	ır		Ар	plied For
Zip	Country	Zip	Count	try		20-1123 5. Certificate	7977 of Status Desired	, ,	\$5.00 Add	
	6. Name and Address of Current I	Registered Agent							Fee Required	d
	o. Hame and Address of Carrolle	togistores Agoin		7. Name and Address of New Registered Agent Name BALLAST POINT GROUP LLC						
	JRTH STREET N., SUITE 200				Street Address (P.O. Box Number is Not Acceptable)					
SI. PETER	RSBURG, FL 33716			11300 4th St. N, Suite 200						
				City	St.	Peters	ourg	F	L Zip Cod	<u>1</u> 6
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistere	ed office or re	egister	ed agent, or bot	h, in the State of	Florida, I ar	n familiar with,	and accept
SIGNATURE	Dia Handli	Julie V.	Far					4/17	7/07	
		od title i spolicable (NOTE:	Registered	d Agent signature	e required	when reinstating)		DATE		
1	Signature typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signature	e required	when reinstating)		DATE		
	ling Fee Is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE:	Registered	d Agent signature	e required	when reinstating)		ake check	payable to ment of State	3
	ling Fee Is \$50.00		Registered	d Agent signatura	e required	when reinstating)	Flori	ake check	payable to ment of State	В
Di	ling Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.		MGR		ADDITION	ake check da Depart	payable to ment of State	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Darian W. Johnson

Date

4/17/07 727-577-9197

Daytime Phone #