

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000039487

**Entity Name:** BAY SANDS, LLC**FILED**  
**Apr 19, 2008**  
**Secretary of State****Current Principal Place of Business:**234 BLUE HERON DR. SOUTH, UNIT #3  
SANTA ROSA BEACH, FL 32459**New Principal Place of Business:**126 WALTON WAY  
UNIT 10  
MIRAMAR BEACH, FL 32550**Current Mailing Address:**234 BLUE HERON DR. SOUTH, UNIT #3  
SANTA ROSA BEACH, FL 32459**New Mailing Address:**126 WALTON WAY  
UNIT 10  
MIRAMAR BEACH, FL 32550**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PURYEAR, WILLIAM A III  
234 BLUE HERON RD. SOUTH, UNIT #3  
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**PURYEAR, WILLIAM A III  
126 WALTON WAY  
UNIT 10  
MIRAMAR BEACH, FL 32550 US

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:**

04/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR  Delete  
Name: PURYEAR, WILLIAM A III  
Address: 234 BLUE HERON RD. SOUTH, UNIT #3  
City-St-Zip: SANTA ROSA BEACH, FL 32459**ADDITIONS/CHANGES:**Title: MGR  Change  Addition  
Name: PURYEAR, WILLIAM A III  
Address: 126 WALTON WAY, UNIT 10  
City-St-Zip: MIRAMAR BEACH, FL 32550

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:** WILLIAM A PURYEAR III

MR

04/19/2008

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