

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043705 1. Entity Name 527 BAY VIEW, LLC	
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Principal Place of Business 1217 AIRPORT RD, STE 419 DESTIN, FL 32541	Mailing Address 1217 AIRPORT RD, STE 419 DESTIN, FL 32541
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04092008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 70-1273386	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, SANDRA K 1217 AIRPORT RD, STE 419 DESTIN, FL 32541

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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 _____ DATE _____
(Signature of the person who is the registered agent or authorized representative of the entity) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM SKP INVESTMENT, LLC 1217 AIRPORT RD, STE 419 DESTIN, FL 32541
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U00000905567 05/01/08-80058-002 138.75
DO NOT WRITE IN THIS SPACE

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:  SANDRA K. PHILLIPS	4/9/08	850-650-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #