

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90014 036 ***138.75

DOCUMENT # L04000056250

1. Entity Name
MARION BAY II, LLC



Principal Place of Business
**8825 EAST TAMiami TRAIL
NAPLES, FL 34112**

Mailing Address
**8825 EAST TAMiami TRAIL
NAPLES, FL 34112**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34113

Country

Zip
34113

Country

04152008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-2714285

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

**BURKE, CONSTANCE
1107 WEST MARION AVE STE 112
PUNTA GORDA, FL 33950**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **V** ☐ Delete
NAME **BOFF, JOSEPH D**
STREET ADDRESS **8825 EAST TAMiami TRAIL**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **34113**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DELANGE, LUIT**
STREET ADDRESS **8825 EAST TAMiami TRAIL**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **34113**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BOBROW, JOEL I MR**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

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

TITLE **S** ☐ Delete
NAME **DE LANGE-GARNER, ULRIKE MRS**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

JOEL I BOBROW

Date

Daytime Phone #

4/16/08 239-774-5882