## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000061269

**Current Principal Place of Business:** 

PORTOFE, FRED G

TAMPA, FL 33635 US

MUELLER, DONALD

1707 SW 108TH ST

HARRIS, BRIAN

2140 DOVEFIELD DR

JOHNSON, LORI S

9901 SADDLE RD.

TAMPA, FL 33626

PENSACOLA, FL 32534

GAINESVILLE, FL 32607

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6911 PISTOL RANGE RD 101B

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Entity Name: WEST BAY PROFESSIONALS, L.LC

FILED Apr 24, 2007 Secretary of State

**New Principal Place of Business:** 

6911 PISTO SUITE 101	DL RANGE RC	)AD	6921 PISTOL RANGI SUITE 101	6921 PISTOL RANGE ROAD SUITE 101	
TAMPA, FL	. 33635 US		TAMPA, FL 33635	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 101	DL RANGE RC		SUITE 101		
TAMPA, FL	. 33635 US		TAMPA, FL 33635	US	
FEI Number:	20-2649720	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
FORINO, DONALD J 6911 PISTOL RANGE ROAD SUITE 101B TAMPA, FL 33635 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:					
Electronic Signature of Registered Agent			t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () FORINO, DONA 6911 PISTOL RA TAMPA, FL 336	ANGE RD 101B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () MORALES, JOS 9314 ROCKPOF TAMPA, FL 336	RT PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGRM ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Title:

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Address:

City-St-Zip:

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Address: City-St-Zip:

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SIGNATURE: DONALD J. FORINO MGRM 04/24/2007