

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061269

FILED  
May 07, 2008  
Secretary of State

Entity Name: WEST BAY PROFESSIONALS, L.L.C

**Current Principal Place of Business:**

6921 PISTOL RANGE ROAD  
SUITE 101  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

6921 PISTOL RANGE ROAD  
SUITE 101  
TAMPA, FL 33635 US

**New Mailing Address:**

FEI Number: 20-2649720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FORINO, DONALD J  
6911 PISTOL RANGE ROAD  
SUITE 101B  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORINO, DONALD J  
Address: 6911 PISTOL RANGE RD 101B  
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM ( ) Delete  
Name: MORALES, JOSE  
Address: 9314 ROCKPORT PLACE  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM ( ) Delete  
Name: PORTOFE, FRED G  
Address: 6911 PISTOL RANGE RD 101B  
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM ( ) Delete  
Name: MUELLER, DONALD  
Address: 1707 SW 108TH ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: HARRIS, BRIAN  
Address: 2140 DOVEFIELD DR  
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM ( ) Delete  
Name: JOHNSON, LORI S  
Address: 9901 SADDLE RD.  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORI S JOHNSON

MGRM

05/07/2008

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