
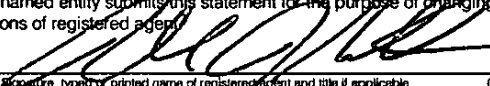
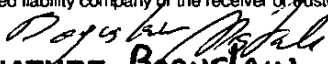


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90046 032 \*\*\*\*50.00

<b>DOCUMENT # L04000072067</b> 1. Entity Name <b>PRISTINE BAY REALTY, LLC</b>					
Principal Place of Business <b>1901 12TH STREET NORTH ST. PETERSBURG, FL 33704</b>			Mailing Address <b>1901 12TH STREET NORTH ST. PETERSBURG, FL 33704</b>		
2. Principal Place of Business <b>11801 28th St N</b>		3. Mailing Address <b>11801 28th St N</b>			
Suite, Apt. #, etc. <b>Building 5</b>		Suite, Apt. #, etc. <b>Building 5</b>			
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg, FL</b>			
Zip <b>33716</b>		Country <b>USA</b>		Zip <b>33716</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>MCMILLAN, RONALD L 1141 19TH AVENUE NORTH ST. PETERBURG, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>Ronald L McMillan</b> Street Address (P.O. Box Number is Not Acceptable) <b>11801 28th Street North</b> <b>Building 5</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>		
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 <b>1-9-06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOGUSLAW, MISTAK 1901 12TH STREET NORTH SAINT PETERSBURG, FL 33704</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Boguslaw, Mistak 11801 28th St N; Building 5 St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Boguslaw Mistak</b> , member/manager <b>1/9/06</b> <b>727-896-7875</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					