

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # L04000091893

1. Entity Name
LA BAHIA LEASE, LLC



Principal Place of Business
**1550 FULLER DRIVE
GULF BREEZE, FL 32563 US**

Mailing Address
**1550 FULLER DRIVE
GULF BREEZE, FL 32563 US**



01192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2097395

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLIAM, THOMAS J JR.
226 PALAFOX PLACE
NINTH FLOOR, SEVILLE TOWER
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

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

000000735553
01/28/08-80051-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONNOR, DEBORAH
STREET ADDRESS	1550 FULLER DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	MGRM
NAME	SKARDA, MARY
STREET ADDRESS	102 EAST RUELLE
CITY-ST-ZIP	MANDEVILLE, LA 70471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Mary Skarda

1/19/08 985-845-4063

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

Date

Daytime Phone #