2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

229 BH STREET PORT ST. IOE, FL 32456 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #, etc.	DOCUMENT # L05000001631 1. Entity Name ST. JOSEPH BAY PROPERTIES, LLC						FILED				
Sultin, Apt. #, otc. Sultin, Apt. #, otc. Sultin, Apt. #, otc. Sultin, Apt. #, otc. O1172007 Chg-LLC CR2E083 (17)06 Applied For Inst Applied For	229 8TH STREET 229 8TH STREET					ds.		i ALLAHASSE	OFSTATE E, FLORIDA	(1 788) 1887	
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S. Certificate of Status Departed Fee Required MAGIDSON, MEL C JR 528 6TH STREET- PORT ST. JOE, FL 32456 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named ontity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent age	City & State			City & State			4. FELNumb	1109099	, 		
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