2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # L05000009096 1. Entity Name 04-28-2006 90015 037 ****50.00 C-BAY, LLC Principal Place of Business Mailing Address 614 ISLAND DRIVE 614 ISLAND DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 202316387 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIANCIOLO, CAROL Street Address (P.O. Box Number is Not Acceptable) 614 ISLAND DRIVE KEY LARGO FL 33037 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME CIANCIOLO, CAROL NAME STREET ADDRESS 614 ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP THE MGRM Delete TITLE Change ☐ Addition NAME CIANCIOLO, LUCY NAME STREET ADDRESS 614 ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITUE MGRM ☐ Defete Addition NAME JORGENSEN, DEANA STREET ADDRESS STREET ADDRESS 614 ISLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE TITLE MGRM ☐ Change Addition NAME CIANCIOLO, THOMAS NAME STREET ADDRESS 614 ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP MGRM TITLE ☐ Delete nne ☐ Change ☐ Addition CIANCIOLO, JOSEPH NAME NAME STREET ADDRESS 614 ISLAND DRIVE STREET ADDRESS CHY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAGER, OR AUTHORIZED REPRESENTATIVE

FILED