


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000009096 1. Entity Name C-BAY, LLC	
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Principal Place of Business 614 ISLAND DRIVE KEY LARGO, FL 33037	Mailing Address 614 ISLAND DRIVE KEY LARGO, FL 33037
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2316387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CIANCIOLO, CAROL 614 ISLAND DRIVE KEY LARGO, FL 33037
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**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	000000776607 01/09/08-80032-002 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CIANCIOLO, CAROL 614 ISLAND DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CIANCIOLO, LUCY 614 ISLAND DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORGENSEN, DEANA 614 ISLAND DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CIANCIOLO, THOMAS 614 ISLAND DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CIANCIOLO, JOSEPH 614 ISLAND DRIVE KEY LARGO, FL 33037
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: Carol A. Cianciolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____