

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009382

FILED
May 01, 2006
Secretary of State

Entity Name: NORTH BAY VILLAGE, LLC

Current Principal Place of Business:

2815 E. HENRY AVENUE
B-4
TAMPA, FL 33610

New Principal Place of Business:

2815 E. HENRY AVENUE
B-4
TAMPA, FL 33610 US

Current Mailing Address:

2815 E. HENRY AVENUE
B-4
TAMPA, FL 33610

New Mailing Address:

2815 E. HENRY AVENUE
B-4
TAMPA, FL 33610 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHMITT, DAVID A JR.
2815 E. HENRY AVE.
B-4
TAMPA, FL 33610 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SCHMITT, DAVID A JR.
Address: 2815 E. HENRY AVE., B-4
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MALOUF, JASON F
Address: 2815 E. HENRY AVE., B-4
City-St-Zip: TAMPA, FL 33610

Title: MGRM (X) Change () Addition
Name: MALOUF, JASON F
Address: 8840 N HIMES AVE
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID A SCHMITT JR

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date