

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012910

Entity Name: SOUTH BAY INVESTORS, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

6604 SIMMONS LOOP
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

6604 SIMMONS LOOP
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-2528360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
1210 MILLENNIUM PARKWAY
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: RAYSBROOK, JAMES H
Address: 6604 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: BUSHONG, JOSEPH
Address: 6604 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: DEL RIO, RICO
Address: 6604 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

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

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

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

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: BRENDA RAYSBROOK

M

01/18/2006

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