

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000017466

**FILED**  
**Nov 13, 2009**  
**Secretary of State****Entity Name:** SOUTHBAY ENTERPRISES, LLC**Current Principal Place of Business:**2626 21ST AVE. SE  
RUSKIN, FL 33570**New Principal Place of Business:****Current Mailing Address:**2626 21ST AVE. SE  
RUSKIN, FL 33570**New Mailing Address:****FEI Number:** 20-2390565**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROBISON, RON  
2626 21ST AVE. SE  
RUSKIN, FL 33570 US**Name and Address of New Registered Agent:**JOHNSON, DAVID  
2626 21ST AVE. SE  
RUSKIN, FL 33570 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: DAVID JOHNSON

11/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** VP ( ) Delete  
**Name:** ROBISON, RON  
**Address:** 2626 21ST AVE SE  
**City-St-Zip:** RUSKIN, FL 33570**Title:** P (X) Delete  
**Name:** DOLLAWAY, TERRY  
**Address:** 2626 21ST AVE SE  
**City-St-Zip:** RUSKIN, FL 33570**ADDITIONS/CHANGES:****Title:** PTSD (X) Change ( ) Addition  
**Name:** JOHNSON, DAVID  
**Address:** 2626 21ST AVE SE  
**City-St-Zip:** RUSKIN, FL 33570**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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 JOHNSON

P

11/13/2009

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