


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000051518 1. Entity Name BAY MAGNOLIA 115, LLC	
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Principal Place of Business 12273 HIGHWAY 98 W MIRAMAR BEACH, FL 32550	Mailing Address P.O. BOX 6697 MIRAMAR BEACH, FL 32550
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2485283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIXON, STEPHEN 12273 HIGHWAY 98 W MIRAMAR BEACH, FL 32550

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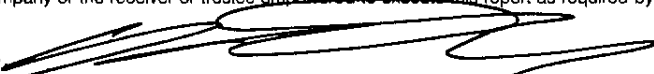
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000896129
04/24/08 00095 021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIXON, STEPHEN PO BOX 6697 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAZEK, JON L PO BOX 6697 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIXON, CARLA PO BOX 6697 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HURRLE-KAZEK, ANNE L PO BOX 6697 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	4-9-08	850-650-7539
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>