## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051518

Entity Name: BAY MAGNOLIA 115, LLC

HURRLE-KAZEK, ANNE L

MIRAMAR BEACH, FL 32550

PO BOX 6697

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12273 HIGHWAY 98 W 12273 EMERALD COAST PKWY. MIRAMAR BEACH, FL 32550 SUITE 108 MIRAMAR BEACH, FL 32550 **Current Mailing Address: New Mailing Address:** P.O. BOX 6697 MIRAMAR BEACH, FL 32550 FEI Number: 20-2485283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIXON, STEPHEN DIXON, STEPHEN 12273 HIGHWAY 98 W 12273 EMERALD COAST PKWY. MIRAMAR BEACH, FL 32550 US SUITE 108 MIRAMAR BEACH, FL 32550 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: 03/20/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition DIXON, STEPHEN Name: Name: PO BOX 6697 Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: KAZEK, JON L Name: Address: PO BOX 6697 Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIXON, CARLA Name: Name: Address: PO BOX 6697 Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN DIXON MGRM 03/20/2009