

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90027 001 \*\*\*\*50.00

DOCUMENT # L05000063485

1. Entity Name  
MANSIONS ON THE BAY, LLC



Principal Place of Business 403 N. 2101 WEST PLATT STREET  
SUITE 200  
TAMPA, FL 33606 US  
Mailing Address 403 N. Howard Ave. 2101 WEST PLATT STREET  
SUITE 200  
TAMPA, FL 33606 US

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-3063695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME LUM, JOHN 403 N. Howard Ave.  
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 Ste 200  
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR  
NAME GULUZIAN, ARAM 403 N. Howard Ave.  
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 Ste 200  
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR  
NAME HARVEY, DANIEL M JR.  
STREET ADDRESS 340 ROWLAND COURT NE  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07 (813) 258-5478

Date

Daytime Phone #