2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L05000071244

Entity Name: BEMIS BAY PROPERTY, LLC

Current Principal Place of Business:

782 TUNBRIDGE RD.
DANVILLE, CA 94526

New Principal Place of Business:

Current Mailing Address:

782 TUNBRIDGE RD.
DANVILLE, CA 94526

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFIELD SACHS, COLLEEN
1719 S. COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 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:	THE FALL FAMILY TRUS, T DATED 4/10/2 0 02	
Address:	782 TUNBRIDGE RD.	
City-St-Zip:	DANVILLE, CA 94526	
Title:	MGRM	( ) Delete
Name:	RIVAS, GRETCHEN	
Address:	6800 TREASURE TRAIL	
City-St-Zip:	HOLLYWOOD, CA 90068	
Title:	MGRM	( ) Delete
Name:	RIVAS, JULIO	
Address:	6800 TREASURE TRAIL	
City-St-Zip:	HOLLYWOOD, CA 90068	
Title:	MGRM	( ) Delete
Name:	FALKENSTEIN, SUZANNE	
Address:	3063 CANAL WALK RD.	
City-St-Zip:	HENDERSON, NV 89052	

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:		
Title:	MGRM	(X) Change ( ) Addition
Name:	FALKENSTEIN, SUZANNE	
Address:	2204 SAVANNAH RIVER ST	
City-St-Zip:	HENDERSON, NV 89044	

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: ROBIN FALL, TRUSTEE, THE FALL FAMILY TRUST MGRM 04/18/2007

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