

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90067 005 \*\*\*138.75

**DOCUMENT # L05000089894**

1. Entity Name  
**BAY ARBOR PLACE, LLC**



Principal Place of Business 2454 MCMULLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759	Mailing Address 2454 MCMULLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3461415	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARVER, CHARLES  
~~101 EAST KENNEDY BLVD.~~ *McNamara & Carver P.A.*  
~~SUITE 4100~~ *2907 Bay to Bay Blvd.*  
 TAMPA, FL ~~33602-5152~~ *33629* *Ste. 201*

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, BRYAN 2454 MCMULLEN BOOTH ROAD <i>Ste. 605</i> CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOGANERO, PHIL 2454 MCMULLEN BOOTH ROAD <i>Ste. 605</i> CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZBELLA, EDWARD A 2454 MCMULLEN BOOTH ROAD <i>Ste. 605</i> CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Wanda DeBoer</i> <i>2454 McMullen Booth Rd Ste. 605</i> <i>Clearwater FL 33759</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: \_\_\_\_\_ *1/9/08* *727 7967705*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #