

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 009 ****50.00

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DOCUMENT # L05000104742 1. Entity Name BULL BAY LLC					
Principal Place of Business 2211 BERMUDA ST. PT. CHARLOTE, FL 33980 US			Mailing Address 2211 BERMUDA ST. PT. CHARLOTE, FL 33980 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNN, RANDALL F 2211 BERMUDA ST. PORT CHARLOTTE, FL 33980			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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				DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		2/1/06			
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	DUNN, RANDALL F		NAME		
STREET ADDRESS	2211 BERMUDA ST		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	DUNN, ARLINDA B		NAME		
STREET ADDRESS	2211 BERMUDA ST.		STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:				DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2/1/06		(941) 639-8700	
				Daytime Phone #	