

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105245



1. Entity Name

E 72 BAY OAKS, LLC

Principal Place of Business

P.O. BOX 3138
SARASOTA FL 34230

Mailing Address

P.O. BOX 3138
SARASOTA FL 34230

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3761092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESJARLAIS, MARY LYNN
C/O MARY LYNN DESJARLAIS, P.A.
2750 STICKNEY POINT ROAD, SUITE 201
SARASOTA FL 34230

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SZWARC, MARZENNA
STREET ADDRESS P.O. BOX 3138
CITY-STATE-ZIP SARASOTA FL 34230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000632058
02/21/07-80006-018 50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cherise Brown

02/06/07

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

Date

Daytime Phone #