## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: MULLING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Mar 03, 2008 8:00 am Secretary of State DOCUMENT # L06000003372 03-03-2008 90407 028 \*\*\*138.75 BAYFRONT HOLDINGS II, LLC Principal Place of Business Mailing Address DUULAATI 2253 INDUSTRIAL BLVD 2253 INDUSTRIAL BLVD. SARASUTA, FL 34234 SARASOTA, FL-34234\_ 2. Principal Place of Business - Np P.O. Box # 3. Mailing Address 1310 Tangier 1310 Tandier Suite, Apt. #, etc. Suite, Apt. #, etc 02262008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For ひんりてひより 20-4126089 Not Applicable Country \$5.00 Additional ILSA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIEBEL, STEVE E Street Address (P.O. Box Number is Net Acceptable) 2253 INDUSTRIAL BLVD SARASOTA, FL 34234 Tanaier 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, typed or printed name of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MG RM TITE F TITLE Delete Change ☐ Addition LIEBEL, STEVE E neil Mc Curry NAME NAME STREET ADDRESS 2253 INDUSTRIAL BLVD STREET ADDRESS 1310 Tangler 1 SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP Sarasota ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

Daytime Phone #