2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State

	MENT # LOCOCOCO	200	. Califara	Sec	cretary of St
	MENT # L060000076	589			•
1. Entity Nam	BAY LLC			_	
DENOCE	DAT LES	•			•
			No.		•
Principal Plac	ce of Business	Mailing Address			
3707 WEST	PLATT STREET	3114 WEST GRANADA ST	-2,		
TAMPA, FL	33609	TAMPA, FL 33629	•		
					1211 FBD18 D7131 HB118 ID7801 III IANI
,				03172008 No Chg-LLC	R2E083 (12/07)
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	O ITOI WINIIL			4. FEI Number	Applied For
				20-4204499	Not Applicable \$5.00 Additional
· .		The straight the straight		5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	legistered Agent	<u> </u>		
MCLEOD,			(3)	DO NOT WRIT	re .
TAMPA, F	ST GRANADA ST		1. **		
175000 75, 1	£ 00020			IN THIS SPAC	E
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its registe	ered office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
i i i o o o i i gui	ino or regional of agont.				
SIGNATURE.	Signature, typed or printed name of registered agent ar	ANOTE Reserve	red Agent signature required		ITE
	Signature, types or printed have or registered agent as	iu nuo ii appikause (NO i E. nogisie	uen võent siõvetnis ladnist	I WHEN I FRIEDRICK COM	116
	•				
FILE	E NOW!!! FEE IS \$138.75				
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			U00000369	351
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS		U00000869 04/09/08-800	351 144-021 138-75
After Ma	y 1, 2008 Fee will be \$538.75	RS/MANAGERS		U00000869 04/09/08-800	351 044-021 138.75
9. TITLE NAME	MANAGING MEMBER MGRM MCLEOD, TONY	RS/MANAGERS		U00000869 04/09/08-800	351 044-021 138.75
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MCLEOD, TONY 3114 WEST GRANADA	RS/MANAGERS		U00000869 Q4/09/08-800	351 144-021 138.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM MCLEOD, TONY 3114 WEST GRANADA TAMPA, FL 33629	RS/MANAGERS		U00000869 04/09/08-800	351 044-021 138-75
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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.

3/20/8 8

Date

Daytime Phone #

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE