Mar 13 07 01:35p Joan Solomon

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90133 026 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056714

1. Entity Name
PORPOISE BAY, LLC

600024125

Principal Place of Business	Mailing Address
~~6474 N.W. 43RD COURT~~	~~6474 N.W. 43RD COURT~~
~~CORAL SPRINGS, FL 33067~~	~~CORAL SPRINGS, FL 33067~~

01092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5461 S. Island Dr.	P.O. Box 535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homosassa, Fl	City & State: Homosassa, Florida
Zip: 34448 Country: USA	Zip: 34487 Country: USA

4. FEI Number: 20-5583331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SOLOMON, FRED~~
~~6474 N.W. 43RD COURT~~
~~CORAL SPRINGS, FL 33067~~

7. Name and Address of New Registered Agent

Name: Nathan Hall Jr
Street Address (P.O. Box Number is Not Acceptable): 5461 S. Island Drive
City: Homosassa FL Zip Code: 34448

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: Nathan Hall Jr. March 14, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	SOLOMON, FRED	
STREET ADDRESS	6474 N.W. 43RD COURT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	MGR	☐ Delete
NAME	HALL, NATHAN JR.	
STREET ADDRESS	P.O. BOX 535	
CITY-ST-ZIP	HOMOSASSA, FL 34487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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: Nathan Hall Jr. March 14, 2007 (352) 628-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #