

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90133 016 \*\*\*\*50.00

**DOCUMENT # L06000067330**

1. Entity Name  
**OLD BAY ADVISERS, LLC**



Principal Place of Business  
**10501 JOHANNA AVENUE  
RIVERVIEW, FL 33569**

Mailing Address  
**10501 JOHANNA AVENUE  
RIVERVIEW, FL 33569**

2. Principal Place of Business - No P.O. Box #  
**2850 BAYSHORE TRAILS DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O BOX 130140**  
Suite, Apt. #, etc.

City & State  
**TAMPA FL**  
Zip  
**33611**  
Country

City & State  
**TAMPA, FL**  
Zip  
**33681-0140**  
Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**03-0598269**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MOLLOY, DANIEL L  
325 S BOULEVARD  
TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

Name  
**GALEN CUSTARD**  
Street Address (P.O. Box Number is Not Acceptable)

**2850 BAYSHORE TRAILS DR**  
City  
**TAMPA** FL Zip Code  
**33611**

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]**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/08/07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CUSTARD, GALEN  
10501 JOHANNA AVENUE  
RIVERVIEW, FL 33569** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM, P  
2850 BAYSHORE TRAILS DR  
TAMPA, FL 33611** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP, S, MGRM  
HELEN CUSTARD  
2850 BAYSHORE TRAILS DR  
TAMPA, FL 33611** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP, T  
DAVID A. LARSON  
1050 CAPRI ISLES #G203  
VENICE, FL 34292** ☐ Change ☒ Addition

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

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

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

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**GALEN CUSTARD**

**01/08/07** Date  
**813 2409125** Daytime Phone #