2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90068 009 ***138.75

DOCUMENT # L06000067330

1. Entity Name
OLD BAY ADVISERS, LLC

Principal Place of Business	Mailing Address
2850 BAYSHORE TRAILS DR TAMPA, FL 33611	PO BOX 130140 TAMPA, FL 33681-0140

02112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3225 S. MacDill Ave	3225 S. MacDill Ave
Suite, Apt. #, etc. #129-217	Suite, Apt. #, etc. #129-217
City & State TAMPA FL	City & State TAMPA, FL
Zip 33629 Country HILLSBOROUGH	Zip 33629 Country USA

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	7. Name and Address of New Registered Agent
CUSTARD, GALEN 2850 BAYSHORE TRAILS DR TAMPA, FL 33611	Name Street Address (P.O. Box Number is Not Acceptable) 3225 S. MacDill Ave #129-217 City TAMPA FL Zip Code 33629

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 _____ GALEN CUSTARD 02/18/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CUSTARD, GALEN 2850 BAYSHORE TRAILS DR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3225 S. MacDill Ave, #129-217 TAMPA, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS HELEN, CUSTARD 2850 BAYSHORE TRAIL DR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 330 STORNOWAY DR #6 CLAYTON, GA 30525
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LARSON, DAVID A 1050 CAPRI ISLES #G203 VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 02/18/08 8132409725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

GALEN CUSTARD