

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067330

Entity Name: OLD BAY ADVISERS, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

3225 S MAC DILL AVE
#129-217
TAMPA, FL 33629

New Principal Place of Business:

17320 DORMAN RD
LITHIA, FL 33547

Current Mailing Address:

3225 S MAC DILL AVE
#129-217
TAMPA, FL 33629

New Mailing Address:

17320 DORMAN RD
LITHIA, FL 33547

FEI Number: 03-0598269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSTARD, GALEN
3225 S MACDILL AVE #129-217
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

CUSTARD, GALEN
17320 DORMAN RD
LITHIA, FL 33547 US

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.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUSTARD, GALEN
Address: 3225 S MACDILL AVE #129-217
City-St-Zip: TAMPA, FL 33629

Title: VPS () Delete
Name: HELEN, CUSTARD
Address: 330 STORNOWAY DR #6
City-St-Zip: CLAYTON, GA 30525

Title: VPT () Delete
Name: LARSON, DAVID A
Address: 1050 CAPRI ISLES #G203
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUSTARD, GALEN
Address: 17320 DORMAN RD
City-St-Zip: LITHIA, FL 33547

Title: VPS (X) Change () Addition
Name: HELEN, CUSTARD
Address: 330 STORNOWAY DRIVE #6
City-St-Zip: CLAYTON, GA 30525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GALEN CUSTARD

MMGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date