2008 LIMITED LIABILITY COMPANY

Apr 03, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-03-2008 90072 047 ***138.75 **DOCUMENT # L06000085601** PERKINSBAY LLC Phhiana Principal Place of Business Mailing Address 901 CHESTNUT STREET 901 CHESTNUT STREET SUITE B SUITE B CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-LLC CR2E083 (12/06) City & State City & State 46 90 32 Applied For 4. FEI Number 20-5 **APPLIED** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINCHUM, TRAVIS D Street Address (P.O. Box Number is Not Acceptable) 901 CHESTNUT STREET SUITE B CLEARWATER, FL 33756 Zip Code City FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tire if applicable (NOTE: Registered Agent signature required when renstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR Delete TITLE Change ☐ Addition FINCHUM, TRAVIS D NAME NAME STREET ADDRESS 901 CHESNUT STREET, SUITE B STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Detete on a ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - 🔲 Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP 11. Thereby 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 AND THEEL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

~31-08

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