2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90209 019 ***138.75

DOCUMENT # L06000098913

1. Entity Name
LEMON BAY LLC

Principal Place of Business	Mailing Address
500 W MADISON SUITE 3150 CHICAGO, IL 60661	500 W MADISON SUITE 3150 CHICAGO, IL 60661

02262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8724 State Rd. 70 E.	8724 State Rd. 70 E.
Suite, Apt. #, etc.: #168	Suite, Apt. #, etc.: #168
City & State: Bradenton FL	City & State: Bradenton, FL
Zip: 34202 Country: USA	Zip: 34202 Country: USA

4. FEI Number: NOT APPLICABLE — 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
JOHNS, JOHN F 8724 STATE ROAD 70 E SUITE 168 BRADENTON, FL 34202	Name: Donna Johns Street Address (P.O. Box Number is Not Acceptable): 8704 State Rd. 70 E. #168 City: Bradenton FL Zip Code: 34202

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] Donna Johns 2/26/08
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 ☒ Delete NORTH STAR REALTY SERVICES, LLC 500 W. MADISON, SUITE 3150 CHICAGO, IL 60661	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition John F. Johns 8704 State Rd. 70 E., #168 Bradenton, FL 34202
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
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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: [signature] John F. Johns 2/29/08 941-870-4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #