

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-23-2007 90361 023 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000117693			
1. Entity Name BAY TO BAY TAMPA LLC			
Principal Place of Business 3802 W. BAY TO BAY BLVD. SUITE 22 TAMPA, FL 33629		Mailing Address PO BOX 18505 TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent BRYANT, VERNON 3802 W. BAY TO BAY BLVD. SUITE 22 TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointment.) DATE _____			
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	J. Franklin Bryant ☐ Delete partner 4704 Melrose Ave Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	William Gahagan ☐ Delete partner 601 Smith Bridge Rd. Wilmington, DE 19807	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Chairman ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <u>L. J. Bryant</u> SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>13/7/07</u> Date	