

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023211

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** SISTER BAY, LLC

**Current Principal Place of Business:**

730 GOODLETTE ROAD, NORTH STE 100  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

730 GOODLETTE ROAD, NORTH STE 100  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-8567522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANDREWS, ELAINE  
730 GOODLETTE RD N STE 100  
NAPLES, FL 34102      US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DERNBACH, PAUL MD  
**Address:** 730 GOODLETTE RD. N. STE 100  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** BAKER, MATTHEW MD  
**Address:** 730 GOODLETTE RD. N. STE 100  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** JUSTIZ, WILLIAM MD  
**Address:** 730 GOODLETTE RD. N. STE 100  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** CAMPBELL, JOHN MD  
**Address:** 730 GOODLETTE RD. N. STE 100  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** COLON, GARY MD  
**Address:** 730 GOODLETTE RD. N. STE 100  
**City-St-Zip:** NAPLES, FL 34102

I hereby 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:** MATTHEW BAKER

DR

02/10/2011

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