

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90149 032 \*\*\*138.75

**DOCUMENT # L07000040356**

1. Entity Name

GULF TO BAY PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business

7930 SUN ISLAND DRIVE SOUTH, UNIT 108  
SOUTH PASADENA FL 33707

Mailing Address

7930 SUN ISLAND DRIVE SOUTH, UNIT 108  
SOUTH PASADENA FL 33707



2. Principal Place of Business - No P.O. Box #

696 1st Ave N

3. Mailing Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Zip

33701

Country

USA

Zip

Country

4. FEI Number

20-8961123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

VOGEL, KAREN  
7930 SUN ISLAND DRIVE SOUTH, UNIT 108  
SOUTH PASADENA FL 33707

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 resigning)

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

TITLE MGRM ☐ Delete  
NAME PAWLINA, JONATHAN N TRUSTEE  
STREET ADDRESS 7930 SUN ISLAND DRIVE SOUTH, UNIT 108  
CITY-ST-ZIP SOUTH PASADENA FL 33707

TITLE MGRM ☐ Delete  
NAME VOGEL, KAREN  
STREET ADDRESS 7930 SUN ISLAND DRIVE SOUTH, UNIT 108  
CITY-ST-ZIP SOUTH PASADENA FL 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Karen Vogel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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