

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059191

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: DOWDY BAY STREET TWO, LLC

**Current Principal Place of Business:**

931 BLUE HERON OVERLOOK  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

931 BLUE HERON OVERLOOK  
OSPREY, FL 34229 US

**New Mailing Address:**

FEI Number: 26-0298184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEORGE H. MAZZARANTANI, P.A.  
777 S. PALM AVENUE  
SUITE 2  
SARASOTA, FL 34236 US

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

GEORGE H. MAZZARANTANI, P.A.  
1800 SECOND STREET  
SUITE 708  
SARASOTA, FL 34236 US

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: GEORGE H. MAZZARANTANI, ESQUIRE

04/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOWDY, THOMAS L  
Address: 931 BLUE HERON OVERLOOK  
City-St-Zip: OSPREY, FL 34229 US

Title: MGRM ( ) Delete  
Name: DOWDY, MARIE A  
Address: 931 BLUE HERON OVERLOOK  
City-St-Zip: OSPREY, FL 34229 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS L. DOWDY

MGRM

04/03/2009

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