2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000099270

Entity Name: TRIDENT BAYS, LLC

Current Principal Place of Business:

9840 GINGERWOOD DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

PO BOX 260293
TAMPA, FL 33685

New Mailing Address:

9840 GINGERWOOD DRIVE
TAMPA, FL 33626

FEI Number: 26-1167118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOLSEY, STEPHEN W
9840 GINGERWOOD DRIVE
TAMPA, FL 33626 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 ( ) Delete
Name: WOOLSEY, STEPHEN W
Address: PO BOX 260293
City-St-Zip: TAMPA, FL 33685

Title: MGRM ( ) Delete
Name: ALTIERY, JAMES P
Address: PO BOX 260293
City-St-Zip: TAMPA, FL 33685

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WOOLSEY, STEPHEN W
Address: 9840 GINGERWOOD DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Change ( ) Addition
Name: ALTIERY, JAMES P
Address: 7405 ARLINGTON GROVES CIRCLE
City-St-Zip: TAMPA, FL 33625

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: STEPHEN W WOOLSEY MGRM 05/01/2008

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