

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 032 ***138.75

DOCUMENT # L07000127383

1. Entity Name
SHADOWBAY PARTNERS, LLC



Principal Place of Business 300 SOUTH INTERLACHEN AVE., UNIT 401 WINTER PARK, FL 32789	Mailing Address 300 SOUTH INTERLACHEN AVE., UNIT 401 WINTER PARK, FL 32789
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02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number **75-2853604** Applied For
Not Applicab

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANNIGAN, ANDREW J
300 SOUTH INTERLACHEN AVE., UNIT 401
WINTER PARK, FL 32789**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNIGAN, JENNIFER 475 TIMBER RIDGE LONGWOOD, FL 32779 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

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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.

Jennifer Hannigan

2/28/08