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4/28/2008-90032-037-$138.75-$138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 24 PM 12:55

DOCUMENT # L07000128171

1. Entity Name
BAHIA LAND, LLC

08262008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
266 OSPREY POINT DRIVE OSPREY, FL 34229	266 OSPREY POINT DRIVE OSPREY, FL 34229
7350 Point of Rocks Road	7350 Point of Rocks Road
2. Principal Place of Business - No P.O. Box # ~~4131 BOCA POINT DRIVE~~	3. Mailing Address ~~4131 BOCA POINT DRIVE~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34242 ~~34238~~ Country	Zip 34242 ~~34238~~ Country

4. FEI Number 26-1649227 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGNER, E. JOHN II 200 SOUTH ORANGE AVE. SARASOTA, FL 34236	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 reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOHN R. PESHKIN 7350 Point of Rocks Road Sarasota, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4/28/08 (941) 350-3433

SIGNATURE ~~AND TYPED OR PRINTED~~ NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #