

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048005

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: BALLY BAY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

184 GLAMIS LN  
INVERNESS, IL 60067

**New Principal Place of Business:**

1 DARTMOUTH ROAD  
WILLIAMS BAY, WI 53191

**Current Mailing Address:**

184 GLAMIS LN  
INVERNESS, IL 60067

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

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

GRANGER, MICHAEL ESQ  
1803 HIGH CT  
TALLAHASSEE, FL 32304 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: PLAZA, WAYNE F  
Address: 184 GLAMIS LN  
City-St-Zip: INVERNESS, IL 60067

Title: MGR  Delete  
Name: PLAZA, WAYNE F  
Address: 184 GLAMIS LN  
City-St-Zip: INVERNESS, IL 60067

Title: MGRM  Delete  
Name: PLAZA, JILL A  
Address: 5550 HERON POINT DR  
City-St-Zip: NAPLES, FL 34108

Title: MGRM  Delete  
Name: DOUCETTE, JULIANNE A  
Address: 441 OAK GROVE CIR  
City-St-Zip: WAUCONDA, IL 60084

Title: MGRM  Delete  
Name: KIEFABER, LAURA K  
Address: 168 HOLMES RD  
City-St-Zip: RIDGEFIELD, CT 068774331

**ADDITIONS/CHANGES:**

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

Title: MGR  Change  Addition  
Name: PLAZA, WAYNE F  
Address: 1 DARTMOUTH ROAD  
City-St-Zip: WILLIAMS BAY, WI 53191

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

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: WAYNE F. PLAZA

MGR

03/21/2009

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