

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003119

1. Entity Name  
GULF BAY HOSPITALITY COMPANY, LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 15 AM 11:38

Principal Place of Business  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114

Mailing Address  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WOODWARD, MARK J  
3200 TAMiami TRL N (STE 200)  
NAPLES, FL 34106

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FIDDLER'S CREEK, LLC  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800123544138  
04/15/08--01026--010 \*\*138.75

800123544138  
04/15/08--01026--013 \*\*60.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/08

(239) 732-9400

Date

Daytime Phone #

Joseph Livio Parisi, Authorized Representative