

2004


ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 026 ***150.00

DOCUMENT # M08000000144

1. Entity Name
MONTENAY BAY LLC



Principal Place of Business
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404

Mailing Address
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0906542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JERRY GROSS
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRES CEO</i> PASSAGE, STEPHEN S ONE PENNSYLVANIA PLAZA STE 4400 NEW YORK, NY 10119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GROSS, JERRY 6510 BAY LINE DRIVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SVR CFO</i> MURPHY, TOM ONE PENNSYLVANIA PLAZA STE 4400 NEW YORK, NY 10119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/16/04* Daytime Phone #: *850 785 7933*