

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 ☐ \$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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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 \$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 **PRES CEO**
NAME PASSAGE, STEPHEN S
STREET ADDRESS ONE PENNSYLVANIA PLAZA STE 4400
CITY - ST - ZIP NEW YORK, NY 10119

TITLE
NAME MGR
NAME GROSS, JERRY
STREET ADDRESS 6510 BAY LINE DRIVE
CITY - ST - ZIP PANAMA CITY, FL 32404

TITLE **SVR CFO**
NAME MURPHY, TOM
STREET ADDRESS ONE PENNSYLVANIA PLAZA STE 4400
CITY - ST - ZIP 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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IN THIS SPACE

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 report 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

Daytime Phone #

4/16/04 820 785 7933