

2007

ANNUAL REPORT

7493 736500 972

FILED

Mar 21, 2007 08:00 AM

Secretary of State

DOCUMENT # M08000000144

1. Entity Name
MONTENAY BAY LLCPrincipal Place of Business
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404Mailing Address
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0906542Applied For
Not Applicable5. 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 32404DO 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 \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesU000000674404
03/29/07-80069-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
PASSAGE, STEPHEN S
ONE PENNSYLVANIA PLAZA STE 4400
NEW YORK, NY 10119TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GROSS, JERRY
6510 BAY LINE DRIVE
PANAMA CITY, FL 32404TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
MURPHY, TOM
ONE PENNSYLVANIA PLAZA STE 4400
NEW YORK, NY 10119TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

12. 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 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 #

1/12/07

850-785-7933