## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S59445 1. Entity Name NORTH BAY LAND COMPANY Principal Place of Business 1111 BRICKELL AVE. STE. 2300 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

HINSON, JOHN A

MIAMI, FL 33131

SIGNATURE

STE. 2300

1111 BRICKELL AVE.

FILED Feb 27, 2008 08:00 AN Secretary of State



| 01042008 No Cng-P                | CRZI | CR2E034 (11/05)                   |  |  |
|----------------------------------|------|-----------------------------------|--|--|
| 4. FEI Number                    |      | Applied For                       |  |  |
| 65-0271093                       |      | Not Applicable                    |  |  |
| 5. Certificate of Status Desired |      | \$8.75 Additional<br>Fee Required |  |  |

## 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 approable (NOTE: Registered Agent signature required when reinstating)  DATE   |   |  |  |                                       |   |  |
|--|---|--|--|---------------------------------------|---|--|
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00               | Election Campaign Financ<br>Trust Fund Contribution. |  | \$5.00 May Be<br>Added to Fees        |   |  |
| 10.  | OFFICERS AND DIREC  | CTORS  |  | · · · · · · · · · · · · · · · · · · · |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DP<br>HINSON, JOHN A<br>1111 BRICKELL AVE., ST.E 2300<br>MIAMI, FL 33131  |  |  |                                       |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ST<br>PELELLA, MONICA<br>1111 BRICKELL AVE., STE. 2300<br>MIAMI, FL 33131 |  |  |                                       | ! ᲥᲘᲗᲚᲔᲠᲔ & Ს ᲑᲠᲚ   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  | DO                                    | 000000841097<br>03/10/08-80003-024 150.00<br><b>NOT WRITE</b> |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  | IN                                    | THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |                                       |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |                                       | •   |  |
| 12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of supplied to bright or or fire to an afficer or director of the corporation or the receivar or firetest empoyered 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 a class, win all other like or powered. |   |  |  |                                       |   |  |

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