FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90031 038 ***150.00

2008 FOR PROFIT CORPORATION

ANNUAL REPORT

03-05-2008 90031 038 ***150.00

DOCUMENT # V29406 1. Entity Name BIMINI BAY PROPERTIES, INC. Principal Place of Business TIMBER VILLAGE SHOPPES NW 39TH AVE & 51ST STREET GAINESVILLE, FL 32606 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State	Mailing Address 3601 SW 2ND AVE STE F GAINESVILLE, FL 32607 3. Mailing Address P.O. BOX 199 Suite, Apt. #, etc. City & State	US .	40038851 03032008 Chg-P CR2E034	(12/06) Applied For
Zip Country		ountry (Not Applicable 3.75 Additional
6. Name and Address of Current	32631 Registered Agent	<u> </u>	7. Name and Address of New Registered Ag	e Required
Name				C914.
STE F			Address (P.O. Box Number is Not Acceptable)	
City			TE County Rd. 1469 Leton FL	Zip Code 32631
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU				
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				
10. OFFICERS AND	NO	1.	ADDITIONS/CHANGES TO OFFICERS AND D	
NAME RICHARDSON, DAVID M STREET ADDRESS 10519 NE CR 1469 CITY-ST-ZIP EARLETON, FL 32631	N S	ITLE LAME TREET ADDRESS HTY-ST-ZIP		☐ Change ☐ Addition
TITLE ST NAME RICHARDSON, REGINA W STREET ADDRESS 10519 NE CR 1469 CITY-ST-ZIP EARLETON, FL 32631	N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP	С	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S	ITLE Ame Treet address ITY-ST-ZIP	С	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITLE AME TREET ADDRESS ITY-ST-ZIP	C	Change Addition
TITLE NAME STREET ADDRESS		TLE AME		Change

2. I hereby certify that the information supplied with this filling 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.

Regina W. Richardson 3/4/08 352 468-2403