


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 021 ***150.00

DOCUMENT # F06000000397

1. Entity Name
ARC BAY PINES, INC.



Principal Place of Business
**111 WESTWOOD PLACE SUITE 200
 BRENTWOOD, TN 37027**

Mailing Address
~~111 WESTWOOD PLACE SUITE 200
 BRENTWOOD, TN 37027~~

40075406



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
330 N. Wabash
 Suite, Apt. #, etc.
Suite 1400
 City & State
Chicago, IL
 Zip
60611
 Country
USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number **33-1130735**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CCEO	<input type="checkbox"/> Delete	TITLE Co-CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIFF, W.E.		NAME	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE Co-President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIFF, W.E.		NAME John P. Rijos	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS 330 N. Wabash, #1400	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP Chicago, IL 60611	
TITLE VCOO	<input checked="" type="checkbox"/> Delete	TITLE CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARD, GREGORY B		NAME Mark W. Ohlendorf	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS 6737 W. Washington, #2300	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP Milwaukee, WI 53214	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE EVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAESTNER, H. TODD		NAME T. Andrew Smith	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS 111 Westwood Dr. #200	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP Brentwood, TN 37027	
TITLE VST	<input checked="" type="checkbox"/> Delete	TITLE EVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKS, GEORGE T		NAME Kristin A. Ferge	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS 6737 W. Washington, #2300	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP Milwaukee, WI 53214	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONEY, JAMES T		NAME	
STREET ADDRESS 111 WESTWOOD PLACE SUITE 200		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: By:  **John P. Rijos, Co-President** 04/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #