


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000533

1. Entity Name
BAYWALK LANDINGS, LLC.



Principal Place of Business 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541	Mailing Address 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01262007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1066869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, RICHARD
 4300 LEGENDARY DRIVE
 SUITE 204
 DESTIN, FL 32541**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

000000708735
 04/24/07-80130-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 4300 LEENDARY DRIVE SUITE 204 DESTIN, FL 32541
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-6-07 850-450-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #