


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90029 043 \*\*\*\*55.00

**DOCUMENT # L01000010171**

1. Entity Name  
**BAY4 CAPITAL PARTNERS, LLC**



Principal Place of Business  
**101 PHILLIPPE PKWY STE 300 SAFETY HARBOR, FL 34695**

Mailing Address  
**101 PHILLIPPE PKWY STE 300 SAFETY HARBOR, FL 34695**

2. Principal Place of Business  
**311 N Bayshore Drive**

3. Mailing Address  
**311 N Bayshore Dr.**

Suite, Apt. #, etc.


City & State  
**Safety Harbor, FL**

City & State  
**Safety Harbor, FL**

Zip Country  
**34695 us**

Zip Country  
**34695 us**

**24046400**



01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**BIDINGER, CLAY M**  
**101 PHILLIPPE PKWY STE 300**  
**SAFETY HARBOR, FL 34695**

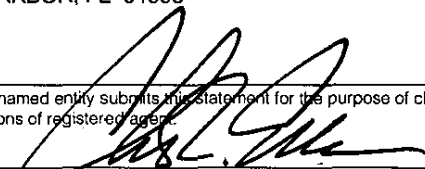
7. Name and Address of New Registered Agent

Name  
**Florida Corporate Counsel, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**101 Philippe Pkwy, Suite 301**

City State Zip Code  
**Safety Harbor FL 34695**

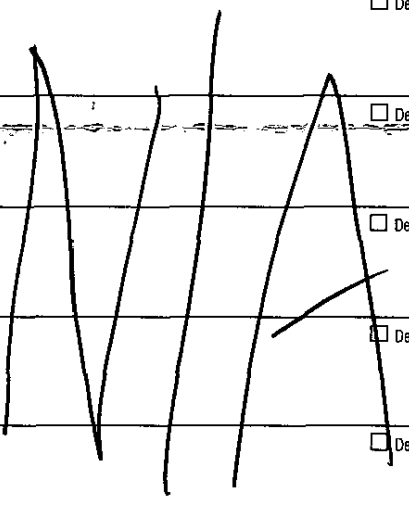
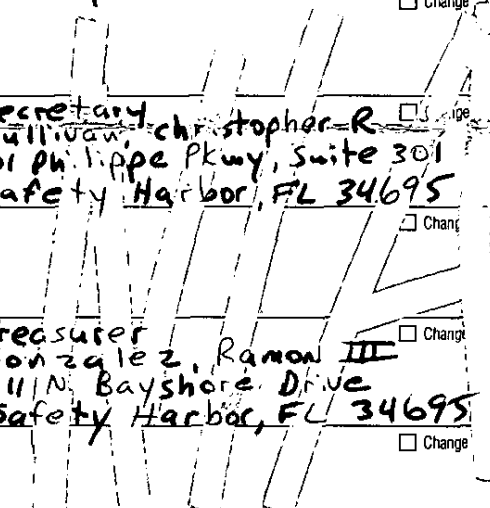
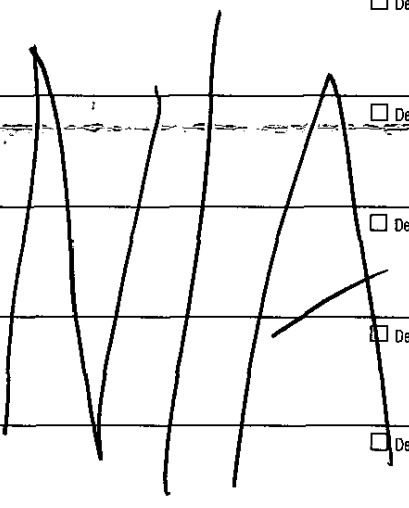
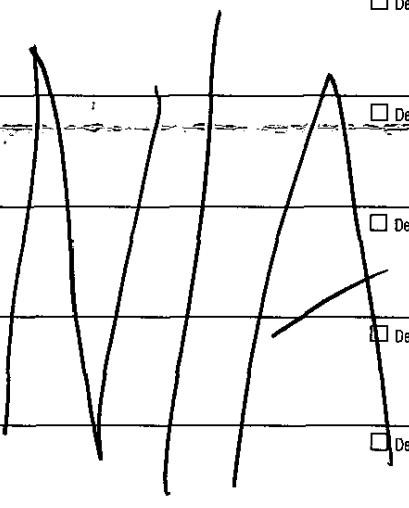
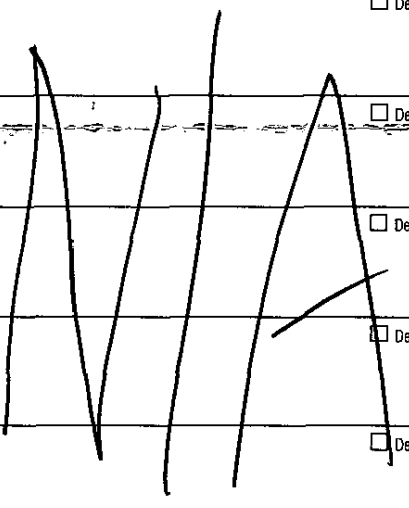
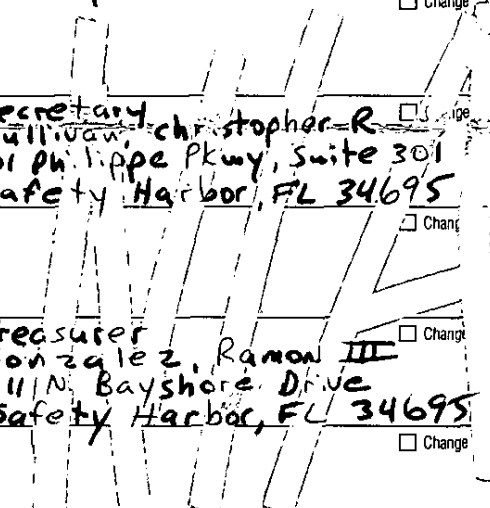
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **President** DATE **1/9/04**


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

**Filing Fee is \$50.00 + \$5 = \$55.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIDINGER, CLAY M 101 PHILLIPPE PKWY SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM & President Bidding, Clay M 311 N Bayshore Drive Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sullivan, Christopher R 101 Philippe Pkwy, Suite 301 Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gonzalez, Ramon III 311 N Bayshore Drive Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Mgrm/Pres** DATE **1/9/04** DAYTIME PHONE # **(727) 216-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE