


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000010171

1. Entity Name  
 BAY4 CAPITAL PARTNERS, LLC



Principal Place of Business: 311 N. BAYSHORE DRIVE, SAFETY HARBOR FL 34695

Mailing Address: 311 N. BAYSHORE DRIVE, STE 300, SAFETY HARBOR FL 34695

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

*No Change*



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE COUNSEL, LLC  
 101 PILIPPE PKWY, SUITE 301  
 SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name: *No Change*

Street Address (P.O. Box Number is Not Acceptable): *No Change*

City: *No Change* FL Zip Code: *No Change*

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: *N/A* DATE: \_\_\_\_\_

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

**FILE NOW!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BIDDINGER, CLAY M	
STREET ADDRESS	311 N. BAYSHORE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRISTOPHER R	
STREET ADDRESS	101 PHILIPPE PKWY., SUITE 301	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAMON III	
STREET ADDRESS	311 N. BAYSHORE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*No Changes*

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000261212  
 03/14/05-80001-020 50.00

\*11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Clay M Biddinger* Clay M Biddinger, MGRM 4/3/05 (727) 216-4000

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