


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90093 013 ****50.00

DOCUMENT # L02000003522

1. Entity Name
 BAY BEACH V, LLC



Principal Place of Business | Mailing Address
 4184 BAY BEACH LANE | 4184 BAY BEACH LANE
 FORT MYERS, FL 33931 | FORT MYERS, FL 33931

2. Principal Place of Business | 3. Mailing Address
 Suite, Apt. #, etc. | Suite, Apt. #, etc.
 City & State | City & State
 Zip | Zip
 Country | Country

6704 Lone OAK BLVD
NAPLES FL
34109 | *USA*



07062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
 PEEPLES, C. PERRY ESQ.
 5551 RIDGEWOOD DR., STE. 101
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 Name: *JOHN J. STERLING*
 Street Address (P.O. Box Number is Not Acceptable):
6704 Lone OAK BLVD.
 City: *NAPLES* | State: *FL* | Zip Code: *34109*

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: *7/6/04*

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, JACK J		NAME		
STREET ADDRESS	6025 CARLTON LAKES BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL F		NAME		
STREET ADDRESS	768 ASHBURTON DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **JACK STERLING** *7/6/04* *239-596-9067*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #