


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90100 017 \*\*\*\*50.00

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # L02000003522</b><br>1. Entity Name<br><b>BAY BEACH V, LLC</b>                         |         |       |         |
| Principal Place of Business<br><b>4184 BAY BEACH LANE<br/>                 FORT MYERS, FL 33931</b> |         | Mailing Address<br><b>6704 LONE OAK BLVD.<br/>                 NAPLES, FL 34109 US</b> |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |



01272005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>01-0636750</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>STERLING, JOHN J<br>6704 LONE OAK BLVD.<br>NAPLES, FL 34109 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

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)

|  |  |   |
|--|--|---|
| <b>Filing Fee is \$50.00<br/>                 Due by May 1, 2005</b> |  | <b>Make check payable to<br/>                 Florida Department of State</b> |
|--|--|---|

| 9. MANAGING MEMBERS/MANAGERS                   |   |                                 | 10. ADDITIONS/CHANGES                          |  |  |
|--|---|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STERLING, JACK J<br>6025 CARLTON LAKES BLVD.<br>NAPLES, FL 34110 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6704 LONE OAK BLVD.<br>NAPLES FL 34109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JOHNSON, MICHAEL F<br>768 ASHBURTON DR.<br>NAPLES, FL 34110      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *[Signature]* *1/25/05 239 596 9067*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #