


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-09-2004 90093 005 ****50.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # L02000003524 | |  | |
| 1. Entity Name BAY BEACH VII, LLC | | | |
| Principal Place of Business 4184 BAY BEACH LANE FORT MYERS, FL 33931 | | Mailing Address 4184 BAY BEACH LANE FORT MYERS, FL 33931 | |
| 2. Principal Place of Business | | 3. Mailing Address 6704 Lone OAK BLVD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State NAPLES FL | |
| Zip | Country | Zip | Country |
| | | 34109 | USA |



07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0636953

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PEEPLES, C. PERRY ESQ. 5551 RIDGEWOOD DR., STE. 101 NAPLES, FL 34108 | | Name JOHN STERLING | |
| | | Street Address (P.O. Box Number is Not Acceptable) 6704 Lone OAK BLVD. | |
| | | City NAPLES 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]* DATE: 7/6/04 DAYTIME PHONE #: 239-596-9067

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