


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027071  
 1. Entity Name  
 BAY ESPLANADE, LLC



Principal Place of Business: 617 BAY ESPLANADE, CLEARWATER, FL 33767  
 Mailing Address: 617 BAY ESPLANADE, CLEARWATER, FL 33767

**DO NOT WRITE IN THIS SPACE**



02232005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 61-1455638  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PUZARKAS, ELIZABETH  
 617 BAY ESPLANADE  
 CLEARWATER BEACH, FL 33767

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for 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 Registered Agent signature required when reinstating

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBER MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUZANSKAS, ELIZABETH 617 BAY ESPLANADE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, GREGORY 617 BAY ESPLANADE CLEARWATER BEACH, FL 33767
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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: Elizabeth Puzarkas Date: 2/28/05 Daytime Phone #: 727 443-4817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE