


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027071
 1. Entity Name
 BAY ESPLANADE, LLC



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



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 61-1455638 Not Applicable

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

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

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/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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 01/20/06-80007-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes

SIGNATURE: Gregory W. Gallagher 1/17/06 727 409-425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Signature Phone #