


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 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**



01052008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>61-1455638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CLINE, HARRY S ESQ  
 625 COURT STREET, SUITE 200  
 CLEARWATER, FL 33756**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789958  
 01/23/08-80016-007 138.75

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** Gregory W. Gallagher      **GREGORY W. GALLAGHER**      1/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

(727) 409-4250