


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90029 040 ****55.00

DOCUMENT # L03000052368

1. Entity Name
 BAY4 ACQUISITION, LLC



Principal Place of Business
 311 N. BAYSHORE DRIVE
 SAFETY HARBOR, FL 34695

Mailing Address
 311 N. BAYSHORE DRIVE
 SAFETY HARBOR, FL 34695

24046411



2. Principal Place of Business
 Suite, Apt. #, etc. *N/A*
 City & State *N/A*
 Zip *N/A* Country

3. Mailing Address
 Suite, Apt. #, etc. *N/A*
 City & State *N/A*
 Zip *N/A* Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number *20-0786369* Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FLORIDA CORPORATE COUNSEL, LLC
 101 PHILIPPE PARKWAY
 301
 SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
 Name *Florida Corporate Counsel, LLC*
 Street Address (P.O. Box, _____, is Not Acceptable)
101 Philippe Pkwy, Suite 301
 City *Safety Harbor* FL Zip Code *34695*

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]* *President* / ~~ATP~~ DATE *1/9/04*

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

Filing Fee is \$50.00 ~~++5~~ = \$55.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIDDINGER, CLAY M 311 N. BAYSHORE DRIVE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mgr & President</i> Biddinger, clay m 311 N Bayshore Drive Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> Sullivan, Christopher R 101 Philippe Pkwy, Suite 301 Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> Gonzalez, Ramon III 311 N Bayshore Drive Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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]* *Mgr/Pres* DATE *1/9/04* (727) 216-4000

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