


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 8:17

DOCUMENT # L03000052368 1. Entity Name BAY4 ACQUISITION, LLC	
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Principal Place of Business 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695	Mailing Address 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

No Change



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY SUITE 301 SAFETY HARBOR FL 34695	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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No Change

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 N/A (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRP BIDDINGER, CLAY M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	311 N. BAYSHORE DRIVE	NAME	500048983395
STREET ADDRESS	SAFETY HARBOR FL 34695	STREET ADDRESS	03/23/05--01012--015 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CHRISTOPHER R	NAME	
STREET ADDRESS	101 PHILIPPE PKWY, SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAMON III	NAME	
STREET ADDRESS	311 N. BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	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	

No Changes

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: Clay M Biddinger Clay M Biddinger, MGRP 1/31/05 (727) 216-4000

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