

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|--|--|---|--|
| 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 | |
| 2. Principal Place of Business 3031 N Rocky Point Dr. Suite, Apt. #, etc. Ste 400 | | 3. Mailing Address 2841 COBBLESTONE DR. Suite, Apt. #, etc. | | 4. FEI Number 20-0786369 | |
| City & State Tampa, FL | | City & State PALM HARBOR, FL | | Applied For Not Applicable | |
| Zip 33607 | | Country Hillsborough 34684 | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

1st MOORE CR2E083 (10/05)

| | | | | | |
|---|--|--|---|--|--|
| 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 Florida Corporate Counsel, LLC Street Address (P.O. Box Number is Not Acceptable) 601 CLEVELAND ST., SUITE 501-25 City CLEARWATER FL Zip Code 33755 | | |
|---|--|--|---|--|--|

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.

Address change only!

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2006

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP <input type="checkbox"/> Delete BIDDINGER, CLAY M 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BIDDINGER, CLAY M. 2841 COBBLESTONE DRIVE PALM HARBOR, FL 34684 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete SULLIVAN, CHRISTOPHER R 101 PHILIPPE PKWY, SUITE 301 SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SULLIVAN, CHRISTOPHER R. 601 CLEVELAND ST., SUITE 501-25 CLEARWATER, FL 33755 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete GONZALEZ, RAMON III 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GONZALEZ, RAMON III 600 S. MAGNOLIA AVE., STE. 275 TAMPA, FL 33606 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000074327430 05/10/06--01012--003 ***400.00 |
| 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 exemptions contained in Section 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: *Clay M. Biddinger* 3/23/06 813-313-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #