## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000052368  1. Entity Name  BAY4 ACQUISITION, LLC						FILED APR 25 AM 10: 5:	3		
Principal Place of Business Mailing Address									
3031 N. ROCKY POINT DRIVE SUITE 400 TAMPA FL 33607		PALM HARBOR FL 34884		TALL	RETARY OF STATE				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3031 N Rock			ky f	Porat D	r. W			,	
Suite, Apt. #, etc.		Suito, Apt. #, clc. Ste 400			1st MOORE CR2	2E083 (10/06)			
City & State		City & State Tampa, FL			4. FEI Nun	4. FEI Number 20-0786369 Applied For Not Applicable			
Zip	Country	<sup>Zip</sup> 33607	Countr	'SA	5. Certifica	ate of Status Desired [	\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
FLORIDA CORPORATE COUNSEL, LLC 601 CLEVELAND STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 501-25 CLEARWATER FL 33755									
•		City FL Zip Code							
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 harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
	to Flo	EE IS \$50.00 rida Departmo y 1, 2007			9				
9.	. MANAGING MEMBERS	S/MANAGERS  Delete	10.			ADDITIONS/CHA	ANGES Change	Addition	
NAME B STREET ADDRESS 2	BIDDINGER, CLAY M 2841 CLBBLESTONE DRIVE  NAM SIR			TADDRESS 30	31 N	Rocky Point	, -		
TITLE S NAME S SIRFET ADDRESS 6	S Delete IIII SULLIVAN, CHRISTOPHER R 601 CLEVELAND STREET, SUITE 501-25			I ADDRESS ST-71P	☐ Change ☐ Addition				
NAME G	000 S. MAGNOLIA AVENUE, SUITE 275			FADDRESS ST-7IP	21 04/2	Change Addition 200098300562 04/24/0701051013 ***250.00			
NAME. STREET ADDRESS CITY+ST-ZIP		☐ Delele	TITLE NAME STREET CITY-S	TADDRESS S1-7IP			☐ Change	☐ Addition	
THLE, NAMC SIRFET ADDRESS CITY - ST-ZIP		□ Delete	HILE NAME STREET CITY-S	TADDRESS 51-ZIP			☐ Change	☐ Addition	
NAME SIREET ADDRESS CITY-SI-ZIP		☐ Delete	THTLE NAME STREET CHY-S	I ADDRESS SI-7IP			☐ Change	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 accordate 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 occupior or trustee employered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE  SIGNATURE:  SIGNATURE:									