


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90029 039 ****55.00

DOCUMENT # L03000052389			
1. Entity Name BAY4 HOLDINGS, 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		3. Mailing Address	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>N/A</i>		City & State <i>N/A</i>	
Zip <i>N/A</i> County <i>N/A</i>		Zip <i>N/A</i> Country <i>N/A</i>	
		01062004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <i>20-0786401</i> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY 301 SAFETY HARBOR, FL 34695		Name <i>Florida Corporate Counsel, LLC</i> Street Address (P.O. Number is Not Acceptable) <i>101 Philippe Pkwy, Suite 301</i> City <i>Safety Harbor</i> FL Zip Code <i>34695</i>	
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 <i>[Signature]</i> <small>Signature, type or printed name of registered agent and title if applicable.</small>		President / Officer <i>1/9/04</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
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 <i>MGR</i>	<input type="checkbox"/> Delete	TITLE <i>Mgr & President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIDDINGER, CLAY M		NAME <i>Biddinger, Clay M</i>	
STREET ADDRESS 311 N. BAYSHORE DRIVE		STREET ADDRESS <i>311 N Bayshore Drive</i>	
CITY-ST-ZIP SAFETY HARBOR, FL 34695		CITY-ST-ZIP <i>Safety Harbor, FL 34695</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <i>Secretary</i>	
STREET ADDRESS		STREET ADDRESS <i>Sullivan, Christopher R</i>	
CITY-ST-ZIP		CITY-ST-ZIP <i>101 Philippe Pkwy, Suite 301</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <i>Safety Harbor, FL</i>	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <i>Treasurer</i>	
STREET ADDRESS		STREET ADDRESS <i>Gonzalez, Ramon III</i>	
CITY-ST-ZIP		CITY-ST-ZIP <i>311 N Bayshore Drive</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <i>Safety Harbor, FL</i>	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		Mgr / Pres <i>1/9/04</i> (727) 216-4000 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	