## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7			
DOCUMENT # L03000052389  1. Entity Name			SECRETARY OF STATE DIVISION OF CORPORATIONS
BAY4 HOLDINGS, LLC			05 MAR 15 AM 8: 17
Principal Place of Business	Mailing Address		-
311 N. BAYSHORE DRIVE	311 N. BAYSHORE DRIVE		
SAFETY HARBOR FL 34695	SAFETY HARBOR FL 3469		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	1st MOORE CR2E083 (10/04)
City & State	City & State	/5	4. FEI Number 20-0786401 Applied For Not Applicable
Zip / County		Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
6. Name and Address of Current Re	egistered Agent '	Name	7. Name and Address of New Registered Agent
FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY  Street Address (F.O. Box Number is Not Acceptable)			
SUITE 301 SAFETY HARBOR FL 34695			
SALETT TRAINDORTE 34093		City	Zip Code
1			PL/
<ol> <li>the above named entity submits this statement for the obligations of registered agent.</li> </ol>	he purpose of changing its regi	istered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling).  DATE			
	Description of the control of the description of the description of the control o	H! FEE IS \$50.00	The animal Comment
Make Check Payable to Florida Department of State  Due By May 1, 2005			
9. MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGRP	☐ Defete	TITLE	20004898340Change Addition
NAME BIDDINGER, CLAY M		NAME	200048983402°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
STREET ADDRESS 311 N. BAYSHORE DRIVE CITY-ST-ZIP SAFETY HARBOR FL 34695	·	STREET ADDRESS CITY-ST-ZIP	-
NITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SULLIVAN, CHRISTOPHER R	C Delete	NAME	) (/
STREET ADDRESS 101 PHILIPPE PKWY, SUITE 301		STREET ADDRESS	$\mathcal{N}$
CITY-ST-ZIP SAFETY HARBOR FL 34695		CITY-ST-ZIP	
TITLE - T	Delete	TITLE	Change Addition
NAME GONZALEZ, RAMON III STREET ADDRESS 311 N BAYSHORE DRIVE		NAME -STREET ADDRESS -	/1 IV
SIREET ADDRESS 311 N BAYSHORE DRIVE CITY-ST-ZIP SAFETY HARBOR FL 34695		CITY ST-ZIP	
TITLE	Delete		☐ Change ☐ Addition
NAME	<i>□ 50,00</i>	NAME / V	<u> </u>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST-ZW	
TITLE	Delete ( )	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	1	NAME STREET ADDRESS	
CITY-ST-ZIP	1 \ /	CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREE ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. Thereby 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			
/// m	/ / 🔊	P. A.A.	00/00 1/2/2/2012/1/202
SIGNATURE: C 44 M Biddinger MGRP 1/31/05 (727) 216-4000 SIGNATURE AND PED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Phone #			