


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000052389 1. Entity Name BAY4 HOLDINGS, LLC |  |
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FILED

06 APR 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 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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1st MOORE CR2E083 (10/05)

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| 2. Principal Place of Business 3031 N Rocky Point A. Suite, Apt. #, etc. Ste 400 | 3. Mailing Address 2841 COBBLESTONE DR. Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------------|
| City & State Tampa, FL | City & State PALM HARBOR, FL |
| Zip 33607 | Zip 34684 |
| Country Hillsborough | Country USA |

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|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. FEI Number 20-0786401 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
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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 | |
|--------------------------------|--------------------------------------|
| TITLE | MGRP <input type="checkbox"/> Delete |
| NAME | BIDDINGER, CLAY M |
| STREET ADDRESS | 311 N. BAYSHORE DRIVE |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SULLIVAN, CHRISTOPHER R |
| STREET ADDRESS | 101 PHILIPPE PKWY, SUITE 301 |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | GONZALEZ, RAMON III |
| STREET ADDRESS | 311 N BAYSHORE DRIVE |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS / CHANGES | |
|-------------------------|-----------------------------------------------------------------------------------|
| TITLE | MGRP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIDDINGER, CLAY M. |
| STREET ADDRESS | 2841 COBBLESTONE DRIVE |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 |
| TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, CHRISTOPHER R. |
| STREET ADDRESS | 601 CLEVELAND ST., SUITE 501-25 |
| CITY-ST-ZIP | CLEARWATER, FL 33755 |
| TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, ROMON III |
| STREET ADDRESS | 600 S. MAGNOLIA AVE., STE. 275 |
| CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 Date Daytime Phone #