


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90028 046 ****50.00

DOCUMENT # L03000052389	
1. Entity Name BAY4 HOLDINGS, LLC	

Principal Place of Business 3031 N. ROCKY POINT DRIVE SUITE 400 TAMPA FL 33607	Mailing Address 2841 COBBLESTONE DRIVE PALM HARBOR FL 34684 ↓
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3031 N Rocky Point Dr W Ste 400
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1st MOORE CR2E083 (10/06)

Suite, Apt. #, etc.	City & State Tampa, FL	4. FEI Number 20-0786401	Applied For <input type="checkbox"/> Not Applicable
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City & State	Zip 33607	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA CORPORATE COUNSEL, LLC 601 CLEVELAND STREET SUITE 501-25 CLEARWATER FL 33755	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MGRP BIDDINGER, CLAY M 2841 COBBLESTONE DRIVE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S SULLIVAN, CHRISTOPHER R 601 CLEVELAND STREET, SUITE 501-25 CLEARWATER FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T GONZALEZ, RAMON III 600 S. MAGNOLIA AVENUE, SUITE 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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3031 N Rocky Point Dr W, Ste 400 Tampa FL 33607
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"/> Change <input type="checkbox"/> Addition
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"/> 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* **Clay M Biddinger** 2/13/07 (813) 313-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
 x5423