

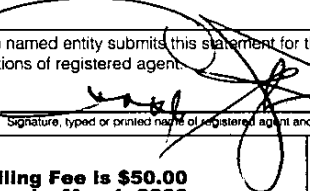
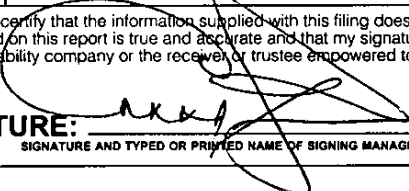


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90034 005 \*\*\*\*50.00

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L04000047040</b><br>1. Entity Name<br><b>BAY ASSET MANAGEMENT, LLC</b>   |  |                                 |   |  |  |
| Principal Place of Business<br><b>3350 WOODS EDGE CIRCLE, SUITE 103<br/>BONITA SPRINGS, FL 34134</b>   |  |                                 | Mailing Address<br><b>3350 WOODS EDGE CIRCLE, SUITE 103<br/>BONITA SPRINGS, FL 34134</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   |  |
|  |  |                                 |   |   |  |
|  |  |                                 | 04052006    Chg-LLC    CR2E083 (11/05)  |   |  |
|  |  |                                 | 4. FEI Number<br><b>20-1368651</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable |
|  |  |                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCARDLE, MICHAEL W ESQ.<br/>3350 WOODS EDGE CIRCLE, SUITE 103<br/>BONITA SPRINGS, FL 34134</b>   |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br><b>Conrad Jakubowski</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3350 Woods Edge Circle Suite 103</b><br>City      State      Zip Code<br><b>Bonita Springs      FL      34134</b> |   |  |
| 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.<br>SIGNATURE:  <b>Conrad Jakubowski</b> DATE: <b>Apr. 6, 2006</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>JAKUBOWSKI, CONRAD B<br>3350 WOODS EDGE CIRCLE, SUITE 103<br>BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FOSTER, DAVID S<br>3350 WOODS EDGE CIRCLE, SUITE 103<br>BONITA SPRINGS, FL 34134      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Chapter 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.                                       |  |                                 |   |   |  |
| <b>SIGNATURE:</b>   |  |                                 | <b>Conrad Jakubowski</b> DATE: <b>Apr. 6, 2006</b> (239) 947-7007<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>                                      |   |  |