#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L04000047040**

1. Entity Name

BAY ASSET MANAGEMENT, LLC



FILED Feb 21, 2008 08:00 Al Secretary of State

Principal Place of Business

3350 WOODS EDGE CIRCLE, SUITE 103

**BONITA SPRINGS, FL 34134** 

Mailing Address

3350 WOODS EDGE CIRCLE, SUITE 103

BONITA SPRINGS, FL 34134



 $\Box$ 

02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1368651

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JAKUBOWSKI, CONRAD 3350 WOODS EDGE CIRCLE, SUITE 103 BONITA SPRINGS, FL. 34134

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000834408 02/28/08-80052-006 138.75

#### MANAGING MEMBERS/MANAGERS 9. MGR TITLE JAKUBOWSKI, CONRAD B NAME STREET ADDRESS 3350 WOODS EDGE CIRCLE, SUITE 103 BONITA SPRINGS, FL 34134 CITY-ST-ZIP MGR TITLE FOSTER, DAVID S NAME STREET ADDRESS 3350 WOODS EDGE CIRCLE, SUITE 103 CITY-ST-7IP BONITA SPRINGS, FL 34134 TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

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 trusted ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: