

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 023 ****50.00

DOCUMENT # L06000034823			
1. Entity Name BAY BEACH DOCKS, LLC			
Principal Place of Business 6704 LONE OAK BLVD. NAPLES, FL 34109		Mailing Address 6704 LONE OAK BLVD. NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STERLING, JOHN J 6704 LONE OAK BLVD. NAPLES, FL 34109		7. Name and Address of New Registered Agent 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAUSSEN, ROBERT G 6704 LONE OAK BLVD. NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAUSSEN, CHRISTOPHER G 6704 LONE OAK BLVD. NAPLES, FL 34109 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.			
SIGNATURE: <i>John J Sterling</i> UP		Date: 2/19/07	Daytime Phone #: 239 596 9067
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	Daytime Phone #

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4. FEI Number: **20-8436926** Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required