

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073755

**FILED**  
**Aug 13, 2009**  
**Secretary of State**

**Entity Name:** BAY5, LLC

**Current Principal Place of Business:**

950 BAY DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

1537 PINE STREET  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 5188  
NICEVILLE, FL 32578

**New Mailing Address:**

20 BLUEWATER POINT ROAD  
NICEVILLE, FL 32578

**FEI Number:** 56-2605906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, JEFFREY  
4507 FURLING LANE  
SUITE 210  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROOKS, JEAN  
Address: PO BOX 5233  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROOKS, JEAN  
Address: 20 BLUEWATER POINT ROAD  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN S BROOKS

MNGR

08/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date