


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90029 044 \*\*\*\*55.00

**DOCUMENT # L02000033336**

1. Entity Name  
**BAY4 FINANCIAL, LLC**



Principal Place of Business  
**101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695 US**

Mailing Address  
**101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695 US**

2. Principal Place of Business  
**311 N Bayshore Dr.**

3. Mailing Address  
**311 N Bayshore Dr.**

Suite, Apt. #, etc.

City & State  
**Safety Harbor, FL**

Zip  
**34695**

Country  
**US**



01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**BAY4 CAPITAL, LLC  
101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name  
**Florida Corporate Counsel, LLC**

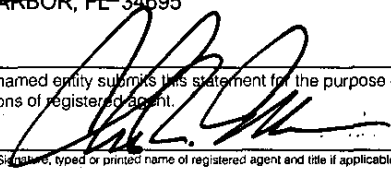
Street Address (P.O. Box Number is Not Acceptable)  
**101 Philippe Pkwy, Suite 301**

City  
**Safety Harbor**

State  
**FL**

Zip Code  
**34695**

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  **President/Manager** DATE **1/9/04**

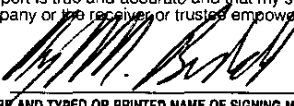
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 + \$5 = \$55.00**  
**Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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:  **Mgr/Pres** DATE **1/9/04** (727) 216-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE