2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000046502

1. Entity Name
BAY REACH AT LAKE PARK, LLC

Principal Place of Business	Mailing Address
3540 FOREST HILL BLVD, STE 203 WEST PALM BEACH, FL 33406	3540 FOREST HILL BLVD, STE 203 WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

04192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0410672
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD, STE. 1200
WEST PALM BEACH, FL 33401

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEATON, GEORGE W
STREET ADDRESS	2655 N OCEAN DR # 400
CITY-ST-ZIP	SINGER ISLAND, FL 33407
TITLE	S
NAME	DENTRY, DEBORAH A
STREET ADDRESS	3540 FOREST HILL BLVD # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Deborah Dentry Deborah Dentry 4/20/05 561.433.4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #