


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000007671 1. Entity Name CATHEDRAL-BAYPOINTE ASSOCIATES, LLC	
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Principal Place of Business 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084	Mailing Address 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



02012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0573587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required
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6. Name and Address of Current Registered Agent AVERITT, BARRY C 50 NORTH LAURA STREET SUITE 3900 JACKSONVILLE, FL 32202
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent's signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2006

1100000466399
03/23/06 80009-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ARBIZZANI, L. JOHN 44 AVENIDA MENEDEZ ST AUGUSTINE, FL 32081
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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 <u><i>John Arbizzani Mgr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3/7/06</u>	Daytime Phone # _____
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