

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

FILED
Feb 08, 2010
Secretary of State

Entity Name: BAY POINTE APARTMENTS, LLC

Current Principal Place of Business:

611 SOUTH 12TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

613 SOUTH 12TH STREET
LEESBURG, FL 34748

Current Mailing Address:

POST OFFICE BOX 492228
LEESBURG, FL 34748

New Mailing Address:

613 SOUTH 12TH STREET
LEESBURG, FL 34748

FEI Number: 20-2345948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGALSKI, DAVID
611 SOUTH 12TH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

MAGALSKI, DAVID
613 SOUTH 12TH STREET
LEESBURG, FL 34748 US

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: _____

02/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: MAGALSKI, DAVID
Address: 613 S 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: VPT
Name: MAGALSKI, BARBARA
Address: 613 S 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: DIR
Name: MAGALSKI, SHELLEY A
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: DIR
Name: MAGALSKI, JAMES H
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: DIR
Name: MAGALSKI, SANDRA D
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESBURG, FL 34748

I hereby 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: DAVID MAGALSKI

PRES

02/08/2010

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