

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

FILED  
Apr 03, 2012  
Secretary of State

Entity Name: BAY POINTE APARTMENTS, LLC

**Current Principal Place of Business:**

613 SOUTH 12TH STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

613 SOUTH 12TH STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 20-2345948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

04/03/2012

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