

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084495

Entity Name: BAY CENTRAL PROPERTIES, LLC**Current Principal Place of Business:**17102 BOYSCOUT ROAD
ODESSA, FL 33556**Current Mailing Address:**17102 BOYSCOUT ROAD
ODESSA, FL 33556**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMOS-SANTOS, EDGARD E
17102 BOYSCOUT ROAD
ODESSA, FL 33556 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | RAMOS-SANTOS, EDGARD E |
| Address | 17102 BOYSCOUT ROAD |
| City-State-Zip: | ODESSA FL 33556 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | DIAZ, LILIVETTE R |
| Address | 17102 BOYSCOUT ROAD |
| City-State-Zip: | ODESSA FL 33556 |

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|-----------------|---------------------|
| Title | MGR |
| Name | RAMOS, MARIA |
| Address | 17102 BOYSCOUT ROAD |
| City-State-Zip: | ODESSA FL 33556 |

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|-----------------|---------------------|
| Title | MGR |
| Name | RAMOS, CRISTINA |
| Address | 17102 BOYSCOUT ROAD |
| City-State-Zip: | ODESSA FL 33556 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | RAMOS, EDGARD J |
| Address | 17102 BOYSCOUT ROAD |
| City-State-Zip: | ODESSA FL 33556 |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDGARD E RAMOS-SANTOS

MGR

03/31/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date