

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:28

DOCUMENT # A02000000237

1. Entity Name
 BAYVIEW PROPERTIES, LLLP



Principal Place of Business
 7021 BIG BEND ROAD
 GIBSONTON, FL 33534

Mailing Address
 P.O. BOX 925
 RUSKIN, FL 33570

2. Principal Place of Business - No P.O. Box #
 101 E. MAHONEY ST.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 2448
 Suite, Apt. #, etc.



04142008 Chg-LP CR2E003 (12/06)

City & State
 PLANT CITY, FL
 Zip
 33563
 Country
 USA

City & State
 PLANT CITY, FL
 Zip
 33564-2448
 Country
 USA

4. FEI Number
 04-3638136
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAYVIEW MANAGEMENT, LLC
 7021 BIG BEND ROAD
 GIBSONTON, FL 33534

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 101 E. MAHONEY ST.
 PLANT CITY
 City FL Zip Code
 33563

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 *Wendy Thompson, Manager* DATE 4/27/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L01000020795
 NAME BAYVIEW MANAGEMENT, LLC
 STREET ADDRESS 7021 BIG BEND ROAD
 CITY-ST-ZIP GIBSONTON, FL 33534

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 101 E. MAHONEY ST.
 CITY-ST-ZIP PLANT CITY, FL 33563
 STREET ADDRESS
 CITY-ST-ZIP
 400127233714
 04/30/08--01008--007 **500.00

STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Wendy Thompson, Manager*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/08 (813) 924-7990
 Date Daytime Phone #

STAPLE CHECK HERE