

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001353

1. Entity Name
BAYOU BY THE BAY ASSOCIATES, L.L.P.



Principal Place of Business
**818 CATTLEMEN RD.
 SARASOTA, FL 34240**

Mailing Address
**818 CATTLEMEN RD.
 SARASOTA, FL 34240**

2. Principal Place of Business

3. Mailing Address

6389 TOWER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34240

SARASOTA

01242006 Chg-LP CR2E003 (11/05)

4. FEI Number

APPLIED FOR 20-3436064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOALE, JAMES E
 2750 RINGLING BLVD., SUITE 3
 SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L03000044207**
 NAME **BAYOU BY THE BAY, L.L.C.**
 STREET ADDRESS **818 CATTLEMEN RD.**
 CITY-ST-ZIP **SARASOTA, FL 34240**

SEE AMENDMENT

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300074661853
 05/16/06--01023--015 **500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

06 MAY -2 AM 10:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE