


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 010 ***158.75

DOCUMENT # F01000003018	
1. Entity Name BAY4 CAPITAL PARTNERS, INC.	

Principal Place of Business 6300 SOUTH SYRACUSE WAY, SUITE 290 ENGLEWOOD, CO 80111	Mailing Address 101 PHILIPPE PKWY SUITE 300 SAFETY HARBOR, FL 34695
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24047641

2. Principal Place of Business 10901 W Teller Dr.	3. Mailing Address 311 N Bayshore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

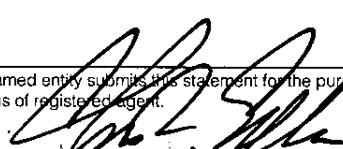
City & State Littleton, CO	City & State Safety Harbor, FL
Zip 80127	Zip 34695
Country US	Country US

4. FEI Number 84-1586081	Applied For <input type="checkbox"/> Not Applicable
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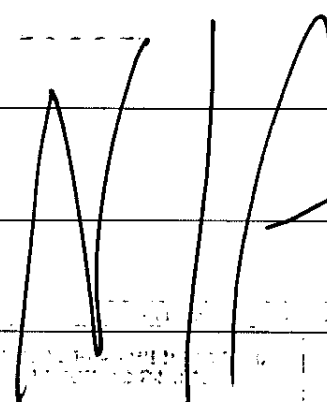

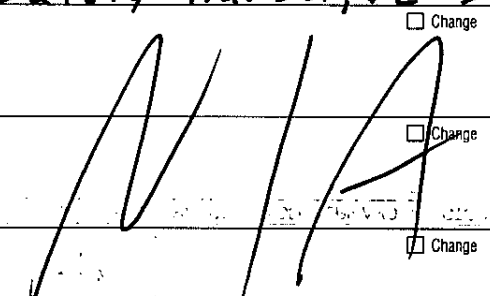
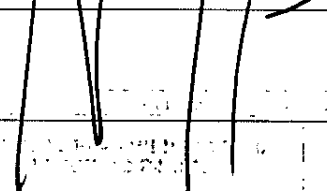
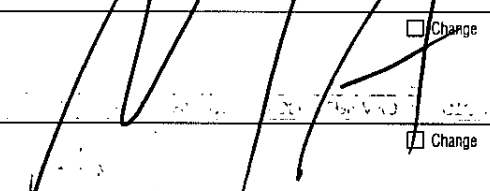
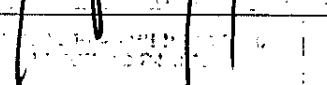

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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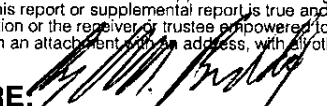
6. Name and Address of Current Registered Agent BIDDINGER, CLAY M 101 PHILIPPE PARKWAY, SUITE 300 SAFETY HARBOR, FL 34695	
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7. Name and Address of New Registered Agent Florida Corporate Counsel, LLC Street Address (P.O. Box number is Not Acceptable) 101 Philippe Pkwy, suite 301 City Safety Harbor FL Zip Code 34695	
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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 	President / President 1/9/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BIDDINGER, CLAY M 2841 GOBBLESTONE DR PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Biddinger, clay m 311 N Bayshore Drive Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, CRISTOPHER R 788 HARBOR ISLAND CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sullivan, Christopher R 101 Philippe Pkwy, Suite 301 Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gonzalez, Ramon III 311 N Bayshore Drive Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.	
SIGNATURE: 	President 1/9/04 (727) 216-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	