2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000006094

1. Entity Name

BIOYA ENTERPRISES OF BARTOW, LLC



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

475 RIFLE RANGE ROAD BARTOW, FL 33830 Mailing Address

POST OFFICE BOX 815 BARTOW, FL 33831-0815



04022004 No Chg-LLC

CR2E083 (10/03)

941 322 9867

4. FEI Number 65-1010608 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, M. LEWIS 6018 WATERWOOD TRAIL BARTOW, FL 33830

SIGNATURE:

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	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, LEWIS 6015 WATERWOOD TRAIL BARTOW, FL 33830		U00000149776
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/03/04-80200-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not queen in this report is true and accurate and that my signature shability company or the executation of the securate empowered to executate the securate emp	pality for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information h; that I am a managing member or manager of the Statutes.