

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000007447

1. Entity Name

BAYWEST PROPERTIES, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -7 AM 8:17

Principal Place of Business

7995-B PRESERVE CIRCLE
NAPLES FL 34119

Mailing Address

7995-B PRESERVE CIRCLE
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

150

2nd MOORE

CR2E083 (5/05)

4. FEI Number 65-1022570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

CONROY, J. THOMAS III
2640 GOLDEN GATE PKWY
SUITE 115
NAPLES FL 34105

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FINKELSTEIN, EDWARD S TRUSTEE
STREET ADDRESS 17842 ARGYLE TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME 700060225067
STREET ADDRESS 10/04/05--01073--001 **\$50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME FINKELSTEIN, MORTON M TRUSTEE
STREET ADDRESS 17079 DARLINGTON COURT
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME 700060225067
STREET ADDRESS 11/07/05--01051--001 **\$100.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME POTESIO, FRANK P JR.
STREET ADDRESS 7995-B PRESERVE CIRCLE
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/15/05 (239) 593-9643

REINSTATEMENT 2005