


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 028 ****55.00

DOCUMENT # L00000009322			
1. Entity Name BAYARD INVESTMENT AND DEVELOPMENT, L.L.C.			
Principal Place of Business 1152 NW 30TH CT. SUITE 113 WILTON MANORS FL 33311		Mailing Address 1152 NW 30TH CT. SUITE 113 WILTON MANORS FL 33311	
2. Principal Place of Business 820 NE 16 PLACE		3. Mailing Address 820 NE 16 PLACE	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE, FL	
Zip FL 33305	Country USA	Zip 33305	Country USA
4. FEI Number 65-1037205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD FL 33021		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYAN, EVE 1152 NW 30TH CT APT 113 WILTON MANORS FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICCOLO, EVE 820 NE 16TH PLACE FORT LAUDERDALE, FL 33305 <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	MGRM MAYAN, HAIM 1152 NW 30TH CT. APT 113 WILTON MANORS, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Eve Piccolo

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

1-31-2004 954-524-5492

Date

Daytime Phone #