


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90031 022 ****50.00

DOCUMENT # L00000009600 1. Entity Name BAY CROSSINGS DEVELOPMENT, L.C.					
Principal Place of Business 12810 TAMiami TrL N NAPLES, FL 34110			Mailing Address 12810 TAMiami TrL N NAPLES, FL 34110		
2. Principal Place of Business 3255 Tamiami Trail N. Suite, Apt. #, etc.		3. Mailing Address 3255 Tamiami Trail N. Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-1038462	
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBISON, STEPHEN V 12810 TAMiami TrL N NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Phillip R. Wood Street Address (P.O. Box Number is Not Acceptable) 3255 Tamiami Trail N. City Naples FL Zip Code 34103			
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 Phillip R. Wood, MGRM <i>Phillip R. Wood</i> 4/19/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATES MCVEY CAPITAL GROUP LLC <input checked="" type="checkbox"/> Delete 12810 TAMiami TrL N NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHN R. WOOD INC <input type="checkbox"/> Delete 3255 TAMiami TrAIL N NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Phillip R. Wood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3255 Tamiami Trail N. Naples, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dorothy D. Babcock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3255 Tamiami Trail N. Naples, FL 34103	
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	
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: <i>Phillip R. Wood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/19/2005 239-659-6300 <small>Date Daytime Phone #</small>		