## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 03, 2004 08:00 AM Secretary of State DOCUMENT # L00000013378 **BAY VILLAS DEVELOPMENT LLC** Mailing Address Principal Place of Business 7092 PLACIDA ROAD 7092 PLACIDA ROAD CAPE HAZE, FL 33946 CAPE HAZE, FL 33946 04292004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1051833 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECKSTEND, DON L. 7092 PLACION FIND CAME HAZE, FL 33940 UNDERWOOD, ROBERT L DO NOT WRITE 537 EAST PARK AVENUE -TALLAHASSEE, FL 32301 IN THIS SPACE 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, typed or printed name of registered agent and like if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME ISLAND HARBOR RESORT MANAGEMENT, INC. 7092 PLACIDA ROAD STREET ADDRESS CAPE HAZE, FL 33946 CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP MANES STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: 4 LO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Code Daylord Phone