2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000013507

1. Entity Name
BAYFIN, LLC

Principal Place of Business	Mailing Address
215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401	215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

04042005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1050333	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ELHILOW, MARK B CPA
215 5TH STREET, SUITE 200
WEST PALM BEACH, FL 33401

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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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	BEATY, KEITH D
STREET ADDRESS	16 WEST RIVERSIDE DRIVE
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/14/05-80054-024 50.00

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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: _____   4/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #