

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90083 009 ****50.00

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1. Entity Name
BAYFIN, LLC

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

Mailing Address
**215 5TH STREET, SUITE 200
WEST PALM BEACH, FL 33401**

60034668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**101 N. CLEMATIS ST.
SUITE 220**

P.O. Box 3087

04022007 Chg-LLC CR2E083 (12/06)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-1050333

Applied For
☐ Not Applicable

Zip
33401

Country
USA

Zip
33402

Country
USA

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**

7. Name and Address of New Registered Agent

Name
MARK B. ElhiLOW, CPA
Street Address (P.O. Box Number is Not Acceptable)
101 N. CLEMATIS ST., STE 220
City
West Palm Beach FL Zip Code
33401

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 **MARK B. ElhiLOW**
Signature, typed or printed name of registered agent and title if applicable.

REG. AGENT
(NOTE: Registered Agent signature required when reinstating)

4-2-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEATY, KEITH D
395 CARIBBEAN ROAD
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEATY, KEITH D.
101 N. CLEMATIS ST., STE 220
West Palm Beach, FL 33401** ☒ Change ☐ Addition

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

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Linda L. Beaty**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/07 **561-659-3308**
Date Daytime Phone #