2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010755

1. Entity Name
BAYARD GROUP, LLC

Principal Place of Business
14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

Mailing Address
14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE

01262006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3728623

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRISSINGER, SAMUEL R
14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FALLIN, THOMAS N
STREET ADDRESS	14775 SAINT AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	MILLER, DOUGLAS C
STREET ADDRESS	14775 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	MATHEWS, N HUGH
STREET ADDRESS	14775 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	CRISSINGER, SAMUEL R
STREET ADDRESS	14775 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	TARVER, JOSEPH A
STREET ADDRESS	14775 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	CLEM, JUANITTA B
STREET ADDRESS	14775 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258

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02/10/06-80041-020 55.00

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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: Samuel R. Crissinger MGR (904)642.8990
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 1/26/06 Daytime Phone #