

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90065 010 ****55.00

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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		
2. Principal Place of Business - No P.O. Box # 14775 Old St. Augustine Rd.		3. Mailing Address 14775 Old St. Augustine Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3728623	
Zip 32258		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRISSINGER, SAMUEL R 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14775 Old St. Augustine Rd. City Jacksonville FL Zip Code 32258		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALLIN, THOMAS N 14775 SAINT AUGUSTINE ROAD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, DOUGLAS C 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATHEWS, N HUGH 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRISSINGER, SAMUEL R 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TARVER, JOSEPH A 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEM, JUANITTA B 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258
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: _____ <i>Samuel R. Crissinger</i> 1/11/07 642-3880					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					