


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L01000010755 1. Entity Name BAYARD GROUP, LLC	
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Principal Place of Business 14775 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	Mailing Address 14775 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

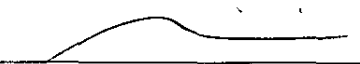
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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01/29/08-80020-004 143.75

**DO NOT WRITE
IN THIS SPACE**

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** 1/15/08 (904) 612-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #