2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L01000010755

Entity Name: BAYARD GROUP, LLC

Current Principal Place of Business:

14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3728623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FALLIN, THOMAS N	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	MILLER, DOUGLAS C	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	MATHEWS, N HUGH	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	CRISSINGER, SAMUEL R	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	TARVER, JOSEPH A	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	CLEM, JUANITTA B	
Address:	14775 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date