



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90133 021 \*\*\*\*50.00

<b>DOCUMENT # L01000012199</b> 1. Entity Name <b>BAY CROSSINGS REALTY, LLC</b>					
Principal Place of Business <b>26251 SOUTH TAMiami TRAIL #6 BONITA SPRINGS, FL 34134</b>			Mailing Address <b>26251 SOUTH TAMiami TRAIL #6 BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  03162005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3741565</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SCHUMACHER, REBECCA 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUMACHER, REBECCA 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'MALLEY, R. MICHAEL 4021 ARROWWOOD CT. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAN, LEROY 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAN, LEROY 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAN, LEROY 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAN, LEROY 28044 CAVENDISH CT. #5804 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Rebecca Schumacher</u> <u>3-16-05 235 848-8615</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					