2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

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DOCUMENT # L01000012468 1. Entity Name BAY CROSSINGS ASSOCIATES, LLC							03-21-2005 9			5.00
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						59-373	<u>4135 </u>			Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired	Œ	\$5.00 Addi Fee Required	
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MAHAN, L				<u> </u>	N A	(D.O. D. A)	- N. A			
	DGEFORD AVE			"	Street Address	(P.O. Box Number	er is Not Acceptable))		
BONITA S	PRINGS, FL 34135		•							
	•				City				Zip Code	 .
	<u> </u>			`				FL	- Zip Code	<u> </u>
	named entity submits this st	atement for the purpo	ose of changing its	registered o	office or registe	ered agent, or bot	th, in the State of Flor	rida. I am	familiar with, a	and accept
the obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or printed name of re-	internal and little if and	GARAGE CANALE	Designed &	ent signature require			DATE		
	Signature, typed or printed name or req	pistereo again and pae ii appi	icabe. (NOTE	: registered Age	ent aduatura redure	d when reinstatung)		DATE		
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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-mid 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

CITY-ST-ZIP

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