
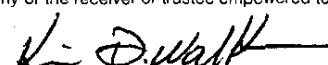


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 026 ****50.00

DOCUMENT # L01000018241 1. Entity Name BAYONET POINT VILLAGE, LLC					
Principal Place of Business 10705 MALDEN DR. NEW PORT RICHEY, FL 34654			Mailing Address 10705 MALDEN DR. NEW PORT RICHEY, FL 34654		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04102004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 39-2040184				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES DAMONTE, JONATHAN JONATHAN JAMES DAMONTE, CHARTERED 12110 SEMINOLE BLVD. LARGO, FL 33778				7. Name and Address of New Registered Agent Name KIM D WALKER Street Address (P. O. Box Number is Not Acceptable) 319 W ROYAL FLAMINGO DRIVE City SARASOTA FL Zip Code 34236	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, KIM D 561 CHIPPING LANE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, KIM D 319 W ROYAL FLAMINGO DRIVE SARASOTA, FL 34236
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: 				Date 4-12-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	