2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020129

Entity Name: BAYWATCH APARTMENTS, LLC

ANGELO, MARIE-MADELLIE M

4312 NORTHPARK DR

TAMPA, FL 33624

Name:

Address:

City-St-Zip:

FILED Jan 10, 2005 Secretary of State

() Change () Addition

Current Principal Place of Business: New Principal Place of Business: 11005 N DALE MABRY HWY TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 11005 N DALE MABRY HWY TAMPA, FL 33618 FEI Number: 59-3759721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGELO, CHRISTOPHER CPA 11005 N DALE MABRY HWY TAMPA, FL 33618 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/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ANGELO, CHRISTOPHER Name: Name: 4415 CARROLLWOOD VILLAGE DR Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANGELO, PETCHALOT Name: Name: Address: 4415 CARROLLWOOD VILLAGE DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANGELO, NICKOLAS P Name: Name: Address: 14502 KETTLE CREEK DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ANGELO, NICKOLAS J Name: 4312 NORTH PUCK DR Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: MGRM () Delete Title:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER ANGELO **MGRM** 01/10/2005