

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 023 ****50.00

DOCUMENT # L01000020129

1. Entity Name
BAYWATCH APARTMENTS, LLC



Principal Place of Business
**11005 N DALE MABRY HWY
TAMPA, FL 33618**

Mailing Address
**11005 N DALE MABRY HWY
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3759721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELO, CHRISTOPHER CPA
11005 N DALE MABRY HWY
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELO, CHRISTOPHER
4415 CARROLLWOOD VILLAGE DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELO, PETCHALOT
4415 CARROLLWOOD VILLAGE DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELO, NICKOLAS P
14502 KETTLE CREEK DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELO, NICKOLAS J
4312 NORTH PUCK DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELO, MARIE-MADELLIE M
4312 NORTHPARK DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date **1/7/07**

Daytime Phone # _____