2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020129

1. Entity Name
BAYWATCH APARTMENTS, LLC

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

DO NOT WRITE IN THIS SPACE

02242008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANGELO, CHRISTOPHER
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGRM
NAME	ANGELO, PETCHALOT
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGRM
NAME	ANGELO, NICKOLAS P
STREET ADDRESS	14502 KETTLE CREEK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGRM
NAME	ANGELO, NICKOLAS J
STREET ADDRESS	4312 NORTH PUCK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGRM
NAME	ANGELO, MARIE-MADELLIE M
STREET ADDRESS	4312 NORTHPARK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000841515
03/10/08-80018-007 138.75

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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: _____ 2/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #