

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000020794**

1. Entity Name

**BAY DESIGN ASSOCIATES ARCHITECTS, P.L.**



Principal Place of Business

**25 WEST CEDAR STREET, SUITE 620  
PENSACOLA FL 32501**

Mailing Address

**25 WEST CEDAR STREET, SUITE 620  
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

**59-3124804**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WALTER J  
25 WEST CEDAR STREET, SUITE 620  
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SMITH, WALTER J**  
STREET ADDRESS **25 WEST CEDAR ST., STE 620**  
CITY- ST- ZIP **PENSACOLA FL 32501**

TITLE **MGRM** ☐ Delete  
NAME **WILLIAMS, GEORGE**  
STREET ADDRESS **25 WEST CEDAR ST., STE 620**  
CITY- ST- ZIP **PENSACOLA FL 32501**

TITLE **MGRM** ☐ Delete  
NAME **JERNIGAN, STEVE**  
STREET ADDRESS **25 WEST CEDAR ST., STE 620**  
CITY- ST- ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
**U000000022880**  
**02/02/04-80003-003 50.00**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**WALTER J. SMITH MGRM**

**01/26/04**

**850-432-0706**