


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

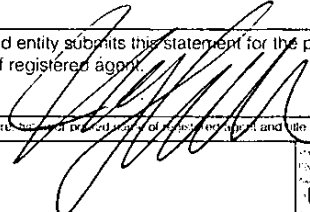
FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90134 006 ****50.00

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 720 BAYFRONT PKWY	3. Mailing Address 720 BAYFRONT PKWY	
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200	
City & State PENSACOLA, FL	City & State PENSACOLA, FL	
Zip 32502	Country US	Zip 32502
	Country US	



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent SMITH, WALTER J 25 WEST CEDAR STREET, SUITE 620 PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name SMITH WALTER J Street Address (P.O. Box Number is Not Acceptable) 720 BAYFRONT PKWY SUITE 200 City PENSACOLA FL Zip Code 32502	
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 02/01/06	
Signature of the person who is authorized to execute this statement and file it applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WALTER J 25 WEST CEDAR ST., STE 620 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 720 BAYFRONT PKWY SUITE 200 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, GEORGE 25 WEST CEDAR ST., STE 620 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERNIGAN, STEVE 25 WEST CEDAR ST., STE 620 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

WALTER J. SMITH MGRM 02/01/06 050432 072

Date

Daytime Phone #