

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020794	
1. Entity Name BAY DESIGN ASSOCIATES ARCHITECTS, P.L.	

Principal Place of Business 720 BAYFRONT PKWY STE 200 PENSACOLA FL 32502	Mailing Address 720 BAYFRONT PKWY STE 200 PENSACOLA FL 32502
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

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 SMITH, WALTER J 720 BAYFRONT PKWY STE 200 PENSACOLA FL 32502	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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

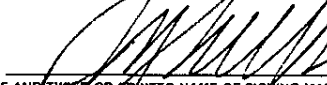
SIGNATURE	DATE
-----------	------

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM SMITH, WALTER J 720 BAY FRONT PKWY STE 200 PENSACOLA FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM WILLIAMS, GEORGE 720 BAY FRONT PKWY STE 200 PENSACOLA FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM JERNIGAN, STEVE 720 BAY FRONT PKWY STE 200 PENSACOLA FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000801706 02/01/08-80029-010 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	DATE: 01/20/08	Document # 9504320706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		