2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L02000002727

Entity Name: BAYBROOK FINANCIAL, LLC

Current Principal Place of Business:

605 E. ROBINSON STREET
SUITE 540
ORLANDO, FL 32801

New Principal Place of Business:

605 E. ROBINSON STREET
SUITE 710
ORLANDO, FL 32801

Current Mailing Address:

605 E. ROBINSON STREET
SUITE 700
ORLANDO, FL 32801

New Mailing Address:

605 E. ROBINSON STREET
SUITE 710
ORLANDO, FL 32801

FEI Number: 26-0052565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUAID, RICHARD
2059 WOODLAWN DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: PVT ( ) Delete
Name: QUAID, RICHARD
Address: 2059 WOODLAWN DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: LOURDES, FERNANDEZ
Address: 10855 WOODCHASE CIR
City-St-Zip: ORLANDO, FL 32036

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: QUAID, RICHARD
Address: 2059 WOODLAWN DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Change ( ) Addition
Name: LOURDES, FERNANDEZ
Address: 10855 WOODCHASE CIR
City-St-Zip: ORLANDO, FL 32036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD QUAID MGR 01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date