

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -8 AM 9:54

DOCUMENT # L02000002727

1. Entity Name  
BAYBROOK FINANCIAL, LLC



Principal Place of Business  
605 E. ROBINSON STREET  
SUITE 710  
ORLANDO, FL 32801

Mailing Address  
605 E. ROBINSON STREET  
SUITE 710  
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
26-0052565

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

QUAID, RICHARD  
2059 WOODLAWN DRIVE  
ORLANDO, FL 32803

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME QUAID, RICHARD  
STREET ADDRESS 2059 WOODLAWN DRIVE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE MGRM ☐ Change ☒ Addition  
NAME Edward Fernandez  
STREET ADDRESS 10855 Woodchase Cir., Orlando  
CITY-ST-ZIP FL 32836

TITLE MGRM ☐ Delete  
NAME LOURDES, FERNANDEZ  
STREET ADDRESS 10855 WOODCHASE CIR  
CITY-ST-ZIP ORLANDO, FL 32036

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 000056403210  
STREET ADDRESS 06/21/05--01052--017 \*\*50.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(i), 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:

Richard Quaid

6/6/05

407-206-1579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #