


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90092 046 ****50.00

DOCUMENT # L02000003521		
1. Entity Name BAY BEACH IV, LLC		
Principal Place of Business 4184 BAY BEACH LANE FORT MYERS, FL 33931		Mailing Address 4184 BAY BEACH LANE FORT MYERS, FL 33931
2. Principal Place of Business		3. Mailing Address 6704 Lone OAK BLVD
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State NAPLES, FL
Zip	Country	Zip 34109 Country USA

14025105



07062004 Chg.-LLC CR2E083 (10/03)

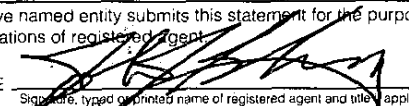
4. FEI Number
01-0636770

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PEEPLES, C. PERRY ESQ. 5551 RIDGEWOOD DR., STE. 101 NAPLES, FL 34108		7. Name and Address of New Registered Agent	
		Name John J. STERLING	
		Street Address (P.O. Box Number is Not Acceptable) 6704 Lone OAK BLVD.	
		City Naples, FL	Zip Code 34109

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 **7/6/04**

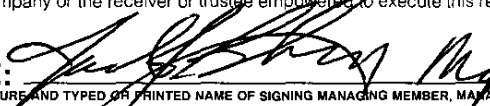
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, JACK J			NAME			
STREET ADDRESS	6025 CARLTON LAKES BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL F			NAME			
STREET ADDRESS	768 ASHBURTON DR.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  DATE **7/6/04** DAYTIME PHONE # **239-596-9067**

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