

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**

14025105



2. Principal Place of Business

3. Mailing Address

6704 Lone OAK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

NAPLES, FL

4. FEI Number

01-0636770

Applied For

Not Applicable

Zip

Country

Zip

34109

Country

USA

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

**PEEPLES, C. PERRY ESQ.
5551 RIDGEWOOD DR., STE. 101
NAPLES, FL 34108**

Name

John J. STERLING

Street Address (P.O. Box Number is Not Acceptable)

6704 Lone OAK BLVD.

City

Naples, FL

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/04

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STERLING, JACK J
6025 CARLTON LAKES BLVD.
NAPLES, FL 34110** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNSON, MICHAEL F
768 ASHBURTON DR.
NAPLES, FL 34110** ☐ Delete

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

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

JACK STERLING 7/6/04 239-596-9067