

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-09-2004 90093 010 \*\*\*\*50.00

**DOCUMENT # L02000003523**

1. Entity Name  
**BAY BEACH VI, 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

Country

**34109 USA**

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0636938**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/6/04**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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:

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

Date

Daytime Phone #

**John J. Sterling** **7/6/04 2395969067**