2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003524

1. Entity Name
BAY BEACH VII, LLC

20006543

Principal Place of Business	Mailing Address
4184 BAY BEACH LANE FORT MYERS, FL 33931	6704 LONE OAK BLVD. NAPLES, FL 34109 US

01192006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number: 01-0636953 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
STERLING, JOHN 6704 LONE OAK BLVD. NAPLES, FL 34109	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

Filing Fee Is $50.00 **Due by May 1, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE MGR NAME STERLING, JACK J STREET ADDRESS 6704 LONE OAK BLVD CITY-ST-ZIP NAPLES, FL 34109	☒ Delete	TITLE *MGR* NAME *CLAUSSOU, Robert G.* STREET ADDRESS *6704 Lone OAK BLVD.* CITY-ST-ZIP *NAPLes, FL 34109*	☐ Change ☒ Addition
TITLE MGR NAME JOHNSON, MICHAEL F STREET ADDRESS 768 ASHBURTON DR. CITY-ST-ZIP NAPLES, FL 34110	☒ Delete	TITLE *MGR* NAME *CLAUSSEN Chris G.* STREET ADDRESS *6704 Lone OAK BLVD.* CITY-ST-ZIP *NAPLes, FL 34109*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ VP   1/26/06   239 596.9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #