2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000003524 == 1. Entity Name

Principal Place of Business

BAY BEACH VII, LLC

4184 BAY BEACH LANE FORT MYERS, FL 33931 Mailing Address 6704 LONE OAK BLVD.

NAPLES, FL 34109 . US

FILED Mar 06, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
01-0636953		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS

STERLING, JOHN 6704 LONE OAK BLVD. NAPLES, FL 34109

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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. It the obligations of registered agent. 	am familiar with, and accept
	CIONATIDE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	CLAUSSON, ROBERT G			
STREET ADDRESS	6704 LONE OAK BLVD			
CITY-ST-ZIP	NAPLES, FL 34109			
TITLE	MGR			
NAME	CLAUSSON, CHRIS G			
STREET ADDRESS	6704 LONE OAK BLVD			
CITY-ST-ZIP	NAPLES, FL 34109			
TITLE				
NAME				
STREET ADDRESS				
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CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby	certify that the information supplied with this filing does not qualify for the e			

V00000849039

DATE

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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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Velent M. Clausse Robert G. CLAUSSON	2/29/08	239 596 906	1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	. Daytime Prione #	