
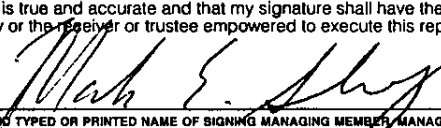


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000004279</b> 1. Entity Name <b>BAYVIEW INDUSTRIES, LLC</b>			
Principal Place of Business <b>30 OLD ENGLEWOOD DRIVE ENGLEWOOD, FL 34223</b>		Mailing Address <b>955 GILLESPIE STREET ENGLEWOOD, FL 34223</b>	
2. Principal Place of Business <b>30 OLD ENGLEWOOD RD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>30 OLD ENGLEWOOD RD.</b> Suite, Apt. #, etc.	
City & State <b>ENGLEWOOD, FL</b> Zip <b>34223</b> Country <b>US</b>		City & State <b>ENGLEWOOD, FL</b> Zip <b>34223</b> Country <b>US</b>	
4. FEI Number <b>02-0557637</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELL, JEFF D</b> <b>955 GILLESPIE STREET</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JEFF D. BELL</b> <b>9978 S. ARTHUR LANE</b> <b>HIGHLANDS RANCH, CO 80130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BELL, THAD</b> <b>1637 HYDE PARK DRIVE</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>THAD. BELL</b> <b>316 RIVEREDGE RD.</b> <b>JUPITER, FL 33477</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BELL, LISA T</b> <b>955 GILLESPIE STREET</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>LISA T. BELL</b> <b>9978 S. ARTHUR LANE</b> <b>HIGHLANDS RANCH, CO 80130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>500051403845</b> <b>04/20/05--01050--010 **55.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GENERAL MANAGER</b> <b>MARK E. SHELBY</b> <b>2723 CARDWELL WAY</b> <b>SARASOTA, FL 34231</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.			
<b>SIGNATURE:</b>  <b>MARK SHELBY</b> 4/12/05 941-468-1279 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

FILED

2005 APR 14 P 4: 08

