


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90014 005 ****55.00

DOCUMENT # L02000013513					
1. Entity Name BAYVIEW HOLDINGS, LLC					
Principal Place of Business 201 FISHHAVEN RD AUBURNDAL, FL 33823			Mailing Address 201 FISHHAVEN RD AUBURNDAL, FL 33823		
2. Principal Place of Business		3. Mailing Address P.O. Box 246			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Auburndale FL		4. FEI Number 81-0555752	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
33823		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOED, MARGARET 201 FISHHAVEN RD AUBURNDAL, FL 33823			7. Name and Address of New Registered Agent Name <u>Ada Stewart</u> Street Address (P.O. Box Number is Not Acceptable) <u>622 Laura Lane</u> City <u>Auburndale</u> FL Zip Code <u>33823</u>		
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 <u>x Ada Stewart</u> 1/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 CARROLL, DAN STREET ADDRESS 201 FISHHAVEN RD CITY-ST-ZIP AUBURNDAL, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Ada Stewart STREET ADDRESS 622 Laura Lane CITY-ST-ZIP Auburndale FL 33823	<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 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 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 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 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 type="checkbox"/> 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: x <u>Ada Stewart</u>			1/17/06 863-984-1183		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		