

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 016 ****55.00

DOCUMENT # L02000013924	
1. Entity Name BAYPORT, L.L.C.	

Principal Place of Business 405 HOLMAN ROAD CAPE CANAVERAL, FL 32920	Mailing Address 405 HOLMAN ROAD CAPE CANAVERAL, FL 32920
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2. Principal Place of Business - No P.O. Box # 574 Casabella Drive	3. Mailing Address PO Box 939
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Canaveral FL	City & State Cape Canaveral FL
Zip 32920	Zip 32920
Country	Country

6. Name and Address of Current Registered Agent	
KANCILIA, JOHN R ESQ GRAY, HARRIS & ROBINSON, P.A. 1800 WEST HIBISCUS BOULEVARD, SUITE 138 MELBOURNE, FL 32901	



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3690021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

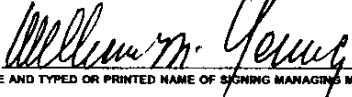
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOUNG, WILLIAM M 405 HOLMAN RD CAPE CANAVERAL, FL 32920 <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
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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: 	4.23.07	321.784.9494
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>