


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90002 020 \*\*\*\*50.00

<b>DOCUMENT # L02000016263</b>	
1. Entity Name <b>BAYTREE LAKESIDE, LLC</b>	

Principal Place of Business <b>6411 46TH AVE. N SAINT PETERSBURG, FL 33709</b>	Mailing Address <b>6220 MANATEE AUPLIVE WEST STE 302 BRADENTON, FL 34209</b>
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**49060309**

2. Principal Place of Business		3. Mailing Address <b>6302 Manatee Ave W</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste. J</b>	
City & State		City & State <b>Bradenton, FL</b>	
Zip	Country	Zip	Country
		<b>34209</b>	<b>US</b>



04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>42-1576575</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</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
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPENHAVER, CAROL 6411 46TH AVE NORTH SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Copenhaver, Carol 6411 46th Ave N St. Petersburg, FL 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, ANNETTE 6411 46TH AVE NORTH SAINT PETERSBURG, FL 33709	<input checked="" 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 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.

SIGNATURE: <b>Carol Copenhaver LPN</b>	<b>4/30/04</b>	<b>941-794-5657</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>CAROL COOPENHAVER</b>	Date	Daytime Phone #