


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000020463 <small>1. Entity Name</small> DIGIOVANNI PARTNERS-BAYWAY LLC	
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<small>Principal Place of Business</small> 163 BAYSIDE DRIVE CLEARWATER FL 33767 US	<small>Mailing Address</small> 163 BAYSIDE DRIVE CLEARWATER FL 33767 US
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	<small>4. FEI Number</small> 04-3700913
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	<small>Applied For</small> <small>Not Applicable</small>
<small>City & State</small>	<small>City & State</small>	<small>1st MOORE</small> <small>CR2E083 (10/05)</small>
<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PRATESI, EMIL G 1253 PARK ST CLEARWATER FL 33756

7. Name and Address of New Registered Agent
<small>Name</small>
<small>Street Address (P.O. Box Number is Not Acceptable)</small>
<small>City</small> FL <small>Zip Code</small>

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small>	MGRM <input type="checkbox"/> Delete
<small>NAME</small>	DIGIOVANNI, AGOSTINO
<small>STREET ADDRESS</small>	163 BAYSIDE DR
<small>CITY - ST - ZIP</small>	CLEARWATER FL 33767
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	

10. ADDITIONS/CHANGES	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	1100000455548
<small>STREET ADDRESS</small>	03/15/06-80063-001 50.00
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *A. Di Kevin* **2/14/06**