


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90038 027 ****50.00

DOCUMENT # L02000020466					
1. Entity Name DIGIOVANNI BAYWAY LLC					
Principal Place of Business 656 BAYWAY BLVD. CLEARWATER BEACH FL 33767 US			Mailing Address 1253 PARK ST CLEARWATER FL 33756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 163 Bayside Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Clearwater FL		4. FEI Number 04-3708904	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33767		Country U.S.		Applied For Not Applicable	
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		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIGIOVANNI, GIUSEPPE 1400 34TH STREET NORTH SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Digiovanni, Giuseppe 163 Bayside Drive Clearwater, FL 33767	<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
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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: <u>Giuseppe Digiovanni</u>			Date: <u>4/16/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					