


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000026185 1. Entity Name BAY TREE OF VOLUSIA COUNTY, LLC	
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Principal Place of Business 4867 SAILFISH DR. PONCE INLET, FL 32127	Mailing Address 4867 SAILFISH DR. PONCE INLET, FL 32127
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02012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3659546	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent LAVELLE, ROBERT L 4867 SAILFISH DRIVE PONCE INLET, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000620808
02/09/07-80051-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVELLE, ROBERT L 4867 SAILFISH DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURD, ROBYN 4972 S PENINSULA DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALEY, PETER 4993 S. PENINSULA DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, JAMES 4923 SAILFISH DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HINTON, JOHN 4504 S PENINSULA DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVELLE, BARBARA J 4867 SAILFISH DRIVE PONCE INLET, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/07 386-763-1906