

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026185

FILED
Mar 24, 2009
Secretary of State

Entity Name: BAY TREE OF VOLUSIA COUNTY, LLC

Current Principal Place of Business:

4867 SAILFISH DR.
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4867 SAILFISH DR.
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 11-3659546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVELLE, ROBERT L
4867 SAILFISH DRIVE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAVELLE, ROBERT L
Address: 4867 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: HURD, ROBYN
Address: 4972 S PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: HALEY, PETER
Address: 4993 S. PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: CUNNINGHAM, JAMES
Address: 4923 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: HINTON, JOHN
Address: 4504 S PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: LAVELLE, BARBARA J
Address: 4867 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT LAVELLE

MGR

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date