

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000026185

**FILED**  
**Aug 25, 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:** MGRM (X) Change ( ) Addition  
**Name:** LAVELLE, ROBERT L  
**Address:** 4867 SAILFISH DRIVE  
**City-St-Zip:** PONCE INLET, FL 32127**Title:** MGR (X) Change ( ) Addition  
**Name:** MORRIS, JAMES  
**Address:** 4876 S. PENINSULA DRIVE  
**City-St-Zip:** PONCE INLET, FL 32127**Title:** MGR (X) Change ( ) Addition  
**Name:** HALEY, PETER  
**Address:** 4993 S. PENINSULA DRIVE  
**City-St-Zip:** PONCE INLET, FL 32127**Title:** MGR (X) Change ( ) Addition  
**Name:** CUNNINGHAM, JAMES  
**Address:** 4923 SAILFISH DRIVE  
**City-St-Zip:** PONCE INLET, FL 32127**Title:** MGR (X) Change ( ) Addition  
**Name:** HINTON, JOHN  
**Address:** 4504 S PENINSULA DRIVE  
**City-St-Zip:** PONCE INLET, FL 32127**Title:** MGR (X) Change ( ) Addition  
**Name:** HORSTMAYER, DOUGLAS  
**Address:** 115 N. LAUREL AVE  
**City-St-Zip:** SANFORD, FL 32771

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 L. LA VELLE

MGRM

08/25/2009

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