

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000031239



1. Entity Name

BAYTOWNE, LLC

Principal Place of Business

630 GRAND BOULEVARD
 DESTIN FL 32550

Mailing Address

P.O. BOX 6700
 DESTIN FL 32550



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0778808

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEARCE, R P JR.
 630 GRAND BOULEVARD
 DESTIN FL 32550

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME PEARCE, RP JR
 STREET ADDRESS 10859 EMERALD COAST ROAD
 CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE Change Addition
 NAME
 STREET ADDRESS U00000937205
 CITY-ST-ZIP 05/27/08-80041-002 138.75

TITLE MGRM Delete
 NAME CK PEARCE TRUST
 STREET ADDRESS P.O. BOX 6755
 CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

4-28-08

Date

Daytime Phone #