

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90029 044 ****55.00

DOCUMENT # L02000033336

1. Entity Name
BAY4 FINANCIAL, LLC



Principal Place of Business
**101 PHILIPPE PARKWAY
SUITE 300
SAFETY HARBOR, FL 34695 US**

Mailing Address
**101 PHILIPPE PARKWAY
SUITE 300
SAFETY HARBOR, FL 34695 US**

2. Principal Place of Business
311 N Bayshore Dr.

3. Mailing Address
311 N Bayshore Dr.

Suite, Apt. #, etc.

City & State
Safety Harbor, FL

Zip
34695

Country
US



01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**BAY4 CAPITAL, LLC
101 PHILIPPE PARKWAY
SUITE 300
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name
Florida Corporate Counsel, LLC

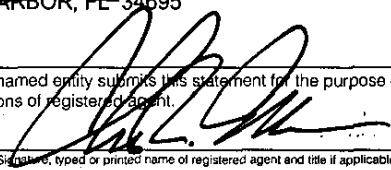
Street Address (P.O. Box Number is Not Acceptable)
101 Philippe Pkwy, Suite 301

City
Safety Harbor

FL

Zip Code
34695

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  **President/Manager** DATE **1/9/04**

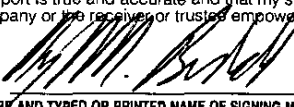
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 + \$5 = \$55.00
Due by May 1, 2004

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Mgr/Pres** DATE **1/9/04** (727) 216-4000

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