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

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
311 N Bayshore Dr. Suite, Apt. #, etc.	311 N Bayshore Dr. Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State: Safety Harbor, FL
Zip: 34695 Country: US	Zip: 34695 Country: US

4. FEI Number 02-0656836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BAY4 CAPITAL, LLC~~ ~~101 PHILIPPE PARKWAY~~ ~~SUITE 300~~ ~~SAFETY HARBOR, FL~~ 34695	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: [signature] President/~~Mgr~~ DATE: 1/9/04
Signature, typed or printed name of registered agent and title if applicable. (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	Mgr & President Biddinger, Clay M 311 N Bayshore Drive Safety Harbor, FL 34695	☐ Change ☒ Addition
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	Secretary Sullivan, Christopher R 101 Philippe Pkwy, Suite 301 Safety Harbor, FL 34695	☐ Change ☒ Addition
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	Treasurer Gonzalez, Ramon III 311 N Bayshore Drive Safety Harbor, FL 34695	☐ Change ☒ Addition
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: [signature] Mgr/Pres 1/9/04 (727) 216-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #