

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2007 APR 25 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L02000033336

1. Entity Name

BAY4 FINANCIAL, LLC



Principal Place of Business

1973 N. NELLIS #443  
LAS VEGAS NV 89115  
US

Mailing Address

~~2841 COBBLESTONE DRIVE~~  
~~PALM HARBOR FL 34684~~

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

3. Mailing Address

3031 N Rocky Point Dr. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 400

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33607

USA

1st MOORE

CR2E083 (10/06)

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

FLORIDA CORPORATE COUNSEL, LLC  
601 CLEVELAND STREET  
SUITE 501-25  
CLEARWATER FL 33755

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 registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

*gls*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRP  
BIDDINGER, CLAY M  
2841 COBBLESTONE DRIVE  
PALM HARBOR FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
3031 N Rocky Point Dr. W, Ste 400  
Tampa, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
SULLIVAN, CHRISTOPHER R  
601 CLEVELAND STREET, SUITE 501-25  
CLEARWATER FL 33755

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
GONZALEZ, RAMON III  
600 S. MAGNOLIA AVENUE, SUITE 275  
TAMPA FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
400098300564  
04/24/07--01051--013 \*\*250.00

TITLE  
NAME  
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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

Date

Daytime Phone #

*Clay M. Biddinger* Clay M Biddinger 2/13/07 (813) 313-5400  
x5423