

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90065 014 ****50.00

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DOCUMENT # L02000033823

1. Entity Name

BAY ANCHOR L.L.C.



Principal Place of Business

Mailing Address

7156 SHADY GROVE WAY
TALLAHASSEE FL 32312

7156 SHADY GROVE WAY
TALLAHASSEE FL 32312

2. Principal Place of Business

225 Cherry Street

Suite, Apt. #, etc.

3. Mailing Address

536 N. Monroe Street

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Tallahassee, Florida

4. FEI Number

65-1178259

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BOULOS, MICHAEL A~~
7156 SHADY GROVE WAY
TALLAHASSEE FL 32312

Name

BOULOS, ANTOINE

Street Address (P.O. Box Number is Not Acceptable)

7156 SHADY GROVE WAY

City

TALLAHASSEE

FL

Zip Code

32312

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)

7/21/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGING MEMBER	ANTOINE BOULOS	7156 SHADY GROVE WAY	TALLAHASSEE, FL 32312	<input type="checkbox"/>
MANAGING MEMBER	PETER S. ROSEN	820 ST. MICHAEL	TALLAHASSEE, FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

7/21/03

850 5566660

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

Date

Daytime Phone #

CR2E093 (4/03)