2007 LIMITED LIABILITY COMPANY

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L03000002008 04-30-2007 90045 017 ****50.00 BAY ÁREA MAINTENANCE, L.L.C. Principal Place of Business Mailing Address 8302 LAUREL FAIR CIRCLE 8302 LAUREL FAIR CIRCLE SUITE 100 SUITE 100 TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 06-1673753 Not Applicable Zip Country Country Zip. \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMER, DERRICK Street Address (P.O. Box Number is Not Acceptable) 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change Addition COMER, DERRICK NAME NAME 8302 LAUREL FAIR CIRCLE, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Controller ☐ Change MARK SMEDLEY 8302 LAURELPMA CIK STRIOU NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA R 33610 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date

Daytime Phone #