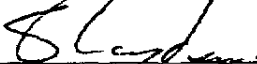


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000004107						
1. Entity Name BAY POINTE DEVELOPMENT, LLC						
Principal Place of Business 1149 36TH AVE. NE ST. PETERSBURG, FL 33704	Mailing Address 1149 36TH AVE. NE ST. PETERSBURG, FL 33704	 04182006 No Chg-LLC CRZE083 (1/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 41-2078268</td><td style="width: 40%; padding: 2px;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 41-2078268	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 41-2078268	Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
5. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVE. TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable						
Filing Fee is \$50.00 Due by May 1, 2006 U00000558765 05/18/06-80015-004 150.00						
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE				
TITLE	MGR					
NAME	LOYDEN, SHAWN P					
STREET ADDRESS	1149 36TH AVE. NE					
CITY-ST-ZIP	ST. PETERSBURG, FL 33704					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  <i>Managing Member</i> 4-26-06						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE						
Date Daytime Phone #						