


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L03000008168<br>1. Entity Name<br>BAYBROOK HOMES OF POLK COUNTY, LLC. |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>16903 LAKE SIDE DRIVE STE. 4<br>MONTVERDE, FL 34756 | Mailing Address<br>PO BOX 560040<br>MONTVERDE, FL 34756 |
|--|---|

**DO NOT WRITE IN THIS SPACE**



|                                  |  |
|----------------------------------|--|
| 01112005No Chg-LLC               | CR2E083 (10/03)  |
| 4. FEI Number<br>72-1567977      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

GREEN, H. BRAXTON JR  
16903 LAKE SIDE DRIVE STE. 4  
MONTVERDE, FL 34756

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

UD0000330511  
04/25/05-80161-017 55.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GREEN, H. BRAXTON JR<br>13620 SUNSET LAKES CIRCLE<br>WINTER GARDEN, FL 34787 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:  H. Braxton Green, Jr. 4-15-05 407-469-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #