2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# L03000009706

Entity Name: BAY COVE, L.L.C.

Current Principal Place of Business:

101 SOUTH HAMLIN COURT
C/O OMNI MANAGEMENT SYSTEMS
LONGWOOD, FL 32750

New Principal Place of Business:

7500 SW 8TH STREET
PLANTATION, FL 33319

Current Mailing Address:

101 SOUTH HAMLIN COURT
C/O OMNI MANAGEMENT SYSTEMS
LONGWOOD, FL 32750

New Mailing Address:

7500 SW 8TH STREET
PLANTATION, FL 33319

FEI Number: 32-0069816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETRUZELLI, PHILIP G
101 SOUTH HAMLIN COURT
C/O OMNI MANAGEMENT SYSTEMS
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LIGOTTI, JOHN C
7500 SW 8TH STREET
PLANTATION, FL 33319 US

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.

SIGNATURE: JOHN C. LIGOTTI 05/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LIGOTTI, JOHN C
Address: 101 SOUTH HAMLIN COURT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LIGOTTI, JOHN C
Address: 7500 SW 8TH STREET
City-St-Zip: PLANTATION, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN C. LIGOTTI MGRM 05/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date