

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014792

FILED  
Aug 22, 2006  
Secretary of State

Entity Name: BAYHILL ASSOCIATES LLC

**Current Principal Place of Business:**

3333-24 VA BEACH VA  
VIRGINIA BEACH, VA 23452 US

**New Principal Place of Business:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

3333-24 VA BEACH VA  
VIRGINIA BEACH, VA 23452 US

**New Mailing Address:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 55-0860585      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:**

SIDES, MICHELLE L  
4227 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARANDA, MICHAEL F  
Address: 106 VIA VERDE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARANDA, MICHAEL F  
Address: 4227 NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL F ARANDA

MGRM

08/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date