
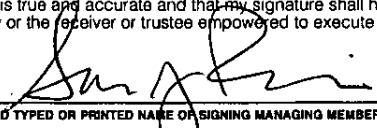


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90040 050 \*\*\*\*50.00

<b>DOCUMENT # L03000015775</b> 1. Entity Name <b>BACK BAY IMPROVEMENT GROUP LLC</b>					
Principal Place of Business <b>4751 BONITA BEACH ROAD BONITA SPRINGS, FL 34134</b>			Mailing Address <b>4751 BONITA BEACH ROAD BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business <b>9220 Bonita Beach Road</b>		3. Mailing Address <b>9220 Bonita Beach Road</b>			
Suite, Apt. #, etc. <b>Suite 200-15</b>		Suite, Apt. #, etc. <b>Suite 200-15</b>			
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>			
Zip <b>34145</b>		Country 		Zip <b>34145</b>	
Country 		Country 			
4. FEI Number <b>05-0553944</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHIAFONE, TED 4751 BONITA BEACH ROAD BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name <b>Steven J. Bracci</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Audubon Blvd.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIFORE, TED 4731 BONITA BEACH RD. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9220 Bonita Beach Road, Suite 200-15 Bonita Springs, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKAWITZ, ED 4751 BONITA BEACH RD. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9220 Bonita Beach Road, Suite 200-15 Bonita Springs, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCI, STEVEN J 4751 BONITA BEACH RD. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9220 Bonita Beach Road, Suite 200-15 Bonita Springs, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 				Date <b>04/26/2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	