

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 045 ****50.00

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| DOCUMENT # L03000018321 | | | |  |
| 1. Entity Name BAYVIEW 2866, LLC | | Principal Place of Business 2866 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33301 33306 | | |
| 2. Principal Place of Business | | Mailing Address 2866 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33301 33306 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2370249 |
| 6. Name and Address of Current Registered Agent MUCCI, MARK S BENSON, MUCCI & ASSOCIATES, LLP ONE FINANCIAL PLAZA STE. 1600 FORT LAUDERDALE, FL 33394 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSTONE, CTANE 2866 E. DAKIAND PK BLVD. FORT LAUDERDALE, FL 33306 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Johnstone, Crane 2866 E. Oakland Pk Blvd. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FULMER, RICK 2866 E. DAKIAND PK BLVD FORT LAUDERDALE, FL 33306 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2866 E. Oakland Pk Blvd. |
| 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 | |
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| 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. | | | | |
| SIGNATURE: _____ | | | Date: 17 Feb 05 Daytime Phone #: 954 565-6020 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | |