

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-28-2004 90075 018 ****50.00

DOCUMENT # L03000019332		RECEIVED JAN 28 2004			
1. Entity Name LINDELL-BAYVIEW, LLC					
Principal Place of Business 3900 WEST KENNEDY BLVD. TAMPA, FL 33609			Mailing Address 3900 WEST KENNEDY BLVD. TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address		01052004 Chg-LLC CP2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 105-1191629	
City & State		City & State		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDELL, J. MICHAEL ESQ 12276 SAN JOSE BLVD., STE. 126 JACKSONVILLE, FL 32223			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, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDELL, CARL W JR. 3900 WEST KENNEDY BLVD. TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			1-24-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		