


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90208 017 ****50.00

DOCUMENT # L03000019332	
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
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40085084 TAMPA DIVISION



2. Principal Place of Business 4830 W. Kennedy Blvd Suite, Apt. #, etc. Suite 250 City & State Tampa, FL Zip 33609 Country USA	3. Mailing Address 4830 W. Kennedy Blvd Suite, Apt. #, etc. Suite 250 City & State Tampa, FL Zip 33609 Country USA
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01182005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent LINDELL, J. MICHAEL ESQ 12276 SAN JOSE BLVD., STE. 126 JACKSONVILLE, FL 32223	
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4. FEI Number 65-1191629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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.

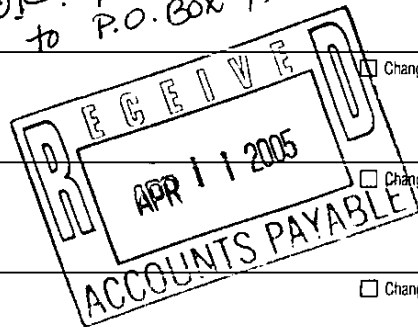
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	MGRM LINDELL, CARL W JR. 3900 WEST KENNEDY BLVD. TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lindell, Carl W. Jr 4830 W. Kennedy Blvd. Suite 250 Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ENTERED APR 11 2005
to mail
to P.O. Box 1500



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: Carl W. Lindell, Jr. **Carl W. Lindell, Jr.** (813) 286-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #