2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

			,		31		/51 / 11 / 12		
DOCU 1. Entity Nam	MENT # L0300002115	57		46		Feb 07.	200	08:0	00 AN
BAY LEASING, LLC						JAMPAT	remail)		iaic
Principal Plac	Mailing Address					المصل لما د فلامانانانا			
770 SAND I ST PETERSI	PINE DR., NE BURG FL 33703	770 SAND PINE DR., NE ST PETERSBURG FL 33703							
		· · · · · · · · · · · · · · · · · · ·			_				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc. City & State		Surte, Apt. #, etc. City & State			ļ	1st MOORE	CR2E083	3 (10/04)	plied For
		Zip Country			4. FEI Nun	20-0051915		No	t Applicable
Zip	Country	Ζίρ	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New R	egistered A	igent	
CASTELLAND NELCON T				Name					
CASTELLANO, NELSON T 101 EAST KENNEDY BLVD, STE 2700 TAMPA FL 33601				Street Address	(P.O. Box Nun	nber is Not Acceptable)		
				City	······································		FL	Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or registe	red agent, or	both in the State of Flo		 amiliar with.	and accept
the obliga	tions of registered agent.	The parpoon of ortaligning the		ou om ou on roganic	a agong or		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ar.a assa _F .
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT	É Registere	d Agent signature require	d when reinstaling)		DATE		
	• •	FILE N	I!!!WO	FEE IS \$50.00					
		Make Check Payab	le to Flo	orida Departme	ent of State				
		Du	e By Ma	ay 1, 2005					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	D	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	LAFKOWITZ, JEFFREY B		NAM	E E1 ADDRESS					
CITY- ST-ZIP	MADEIRA BEACH FL 33708			-ST ZIP		U0000021	9308		
TITLE		☐ Delete	TITLE			702708705-80	021-02	1-50.00	☐ Addition
NAME			NAM	ł					_
STREET ADDRESS				ET AODRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					<u></u>
TITLE		☐ Delete	TITLE	į.				☐ Change	Addition
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS					
CITY-ST-ZIP				·SI-ZIP					
TITLE		☐ Delete	TITLE	-				☐ Change	Addition
NAME			MAM						
STREET ADDRESS				ELADDRESS					
CITY-ST-ZIP				-ST-ZIP				[T] Change	☐ Addition
TITLE NAME		☐ Delete	NAMI TITLE					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	THE					☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	autif. Has the information and the state of	this filling door 1/5 : 6-		-ST-ZIP	ootion 110 070	'21/1) Florido Statut 1	further aced	life, that the in	formation
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have empowered to execute this	the same report as	e legal effect as if a required by Char	made under og oter 608. Florid	ath; that I am a manag la Statutes.	ing membe	r or manage	r of the

SIGNATURE: Lafkowitz, Pres. 2-1-05 727-521-0644

SIGNATURE AND TYPE OF PRINTIP NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DAIG DEGLICITE PROPERTY DAIGNET DEGLICITED PROPERTY DAIGNET DEGLICITED PROPERTY DESCRIPTION OF DEGLICITED PROPERTY DESCRIPTION O