


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90028 010 ****50.00

DOCUMENT # L03000024915					
1. Entity Name BAY PINES DEVELOPMENT, LLC					
Principal Place of Business 21 E. GARDEN ST., SUITE 200 211 PENSACOLA, FL 32501 32502			Mailing Address 21 E. GARDEN ST., SUITE 200 PENSACOLA, FL 32501 P.O. Box 1392 Pensacola, FL. 32591-1392		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04182005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2386335				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, EDELL "EDDIE" F JR. 308S. JEFFERSON STREET PENSACOLA, FL 32502			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	MGRM JOHNSON, BOLLEY "BO" L P.O. BOX 1392 PENSACOLA, FL 325911392	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLEY, MARSHALL "NEAL O 102 NIGHTINGALE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLEY, MARSHALL "NEAL O 102 NIGHTINGALE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLEY, MARSHALL "NEAL O 102 NIGHTINGALE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
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: <i>Bolley L. Johnson</i> Bolley L. Johnson, Mgr. 4/18/05 (850) 438-8433					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					