2008 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Jan 22, 2008 08:00	
DOCUMENT # L03000027071 1. Entity Name BAY ESPLANADE, LLC					Secretary of Sta
Principal Plac 617 BAY ESF CLEARWATER	PLANADE	Mailing Address 617 BAY ESPLANADE CLEARWATER, FL 33767			6404 1001 16111 0111 16811 17861 17861 178
DO NOT WRITE IN THIS SPAC			CE	01052008 No Chg-LLC 4. FEI Number 61-1455638 5. Certificate of Status Desired	CR2E083 (12/07) Applied For Not Applicable \$5.00 Additional
	6. Name and Address of Curr	ent Registered Agent	-	<u> </u>	Fee Required
CLINE, HARRY S ESQ 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756			DO NOT WRITE IN THIS SPACE		
the obligat	ions of registered agent. Signature, typed or printed name of registered a	at for the purpose of changing its regist	ered office or register		rida. I am familiar with, and accept
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	.75			
9. THILE NAME STREET ADDRESS CITY-S1-ZIP HTLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEI MGR PUZANSKAS, ELIZABETH 617 BAY ESPLANADE CLEARWATER, FL 33767 MGR GALLAGHER, GREGORY 617 BAY ESPLANADE CLEARWATER BEACH, FL	BERS/MANAGERS		U00000 01/23/08-	789958 80016-007 138.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GREGORY W. GALLACHER

Daytime Phone #