

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000029700

1. Entity Name
BAYTREE DEVELOPMENT, L.L.C.



Principal Place of Business
400 HIGH POINT DRIVE STE. 500
COCOA, FL 32926

Mailing Address
400 HIGH POINT DRIVE STE. 500
COCOA, FL 32926



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3310750

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANI, T.A.
400 HIGH POINT DRIVE STE. 500
COCOA, FL 32926

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR S&S ENTERPRISES, INC 400 HIGH POINT DRIVE STE. 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYTREE FOURSOME INC. 400 HIGH POINT DRIVE STE. 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S&S RENTALS, L.L.C. 400 HIGH POINT DRIVE STE. 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/22/05-80021-021 55.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-18-05

Date

321-636-0200

Daytime Phone #