2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNUAL	REPURI				faces \$	ICA		
DOCUMENT # L03000030895					FILED				
1. Entity Name BAY HILL	HOLDINGS, LLC				i	94 MAY	25 AH 11:08		
			1	A LEGAL		ye;	CONTENTE ACTION TO A	<u>.</u>	
Principal Place 5779 NW 151		Mailing Address 5779 NW 151ST STREET				Till temi	Contract Courses	M.	
MIAMI LAKES,		MIAMI LAKES, FL 33014						681	
	ace of Business Num of to Front Re Rd	3. Mailing Address V4140 Dalmet	to front	oge Rd					
Suite, Apt.		Suite, Apt. #, etc.	10 110111	~~~ 1100	03262004	Chg-LLC	CR2E083 (10/03)	a/19	
City & State		City & State			4. FEI Numb	er	Ap	plied For	
Mian		Miami Lakes, FL Zip Country		<u> </u>			t Applicable		
3301	φ	3016	Country		5. Certificate	of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current F	legistered Agent	Name		7. Name and	Address of New F	Registered Agent		
CAPARROS, MARTIN JR. 5779 NW 151ST STREET				Street Address (P.O. Box Number is Not Acceptable)					
	(ES, FL 33014			3.001 (3.000)			-		
			City			•	□ I Zip Code	9	
# The above	named entity submits this statement for	the ournose of changing its re		or registe	red agent or bo	th in the State of Fi	rL		
	ions of registered agent.	tile barbose or crientality as to	gistores ornes	or registe	Tod agon, or do	ini, ai the crete or i	orida, ram dames yesi,	and doopt	
SIGNATURE .	Signature, lyped or printed name of registered agent a	nd little if applicable. (NOTE: P	Registered Agent sign	ature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004							ke check payable to		
ļ	ue by may 1, 2004					Pioria	a Department of State	•	
9. TITLE	MANAGING MEMBER	RS / MANAGERS	10. TITLE	140	6 <u>0</u>	ADDITIONS	/CHANGES	☐ Addition	
NAME	CAPARROS, MARTIN JR.	C Delete	NAME	Capai	rros, Martin Jr. D Palmetto Fron		- Court		
STREET ADDRESS CITY+ST-ZIP	5779 NW 151ST STREET MIAMI LAKES, FL 33014		STREET ADDRES CITY-ST-ZIP		i Lakes, Fl. 33				
TITLE	MGR	☐ Delete	TITLE NAME				☐ Change	Addition	
NAME STREET ADDRESS				5	100037033931 05/24/0401024002 **1406,25				
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP			-11 -1			
TITLE NAME		Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRES	s					
TITLE		☐ Delete	TITLE	+			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRES						
STREET ADDRESS CITY-ST-ZIP	a		CITY-ST-ZIP	<u> </u>					
TITLE		☐ Delete	TITLE NAME				Change	Addition	
STREET AODRESS			STREET ADDRES	s					
CITY-ST-ZIP		☐ Delate	CITY-ST-ZIP				☐ Change	Addition	
NAME		Dointe	NAME	_				- wanty	
STREET ADDRESS CXY-ST-ZIP			STREET ADDRES	8					
11. I hereby	certify that the information supplied with d on this report is true and,accurate and	this filing does not qualify for that my signature shall have the	the exemption	tated in S	Section 119,07(3)(i), Florida Statutes	. I further certify that the i	nformation er of the	
limited li	ability company or the receiver or trusted	empowered to execute this re	port as require	d by Cha	pter 608, Florida	Statutes. /	யக் கொள்ளன. கடப்பத்புறி		
SIGN A	TUDE:	J MAN	ガカ (LOA	0000	4/38			
SIGNA	EIGNATURE AND TYPED OR PRINTED NAME OF	F BIGNING MANAGING MEMBER, MAN	AGER, OR AUTHOR	ZEDNEPRE	SENTATIVE	Date	Daytime Phone #		