


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90152 043 ****50.00

DOCUMENT # L03000044207					
1. Entity Name BAYOU BY THE BAY LLC					
Principal Place of Business 818 CATTLEMAN RD. SARASOTA, FL 34240			Mailing Address 818 CATTLEMAN RD. SARASOTA, FL 34240		
2. Principal Place of Business		3. Mailing Address 6389 TOWER LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA FL		4. FEI Number 20-0426889	
Zip		Country		Zip 34240	
Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GORRELL, KELLY 6389 TOWER LANE SARASOTA, FL 34240			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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM L & T MANAGEMENT LLC 1631 JEWEL DR. SARASOTA, FL 34240		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAYOU BY THE BAY ASSOCIATES, LLC 6389 TOWER LANE SARASOTA FL 34240	
Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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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: <i>June DeLoach</i>			1-24-06 947-371-7617		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		