

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90134 001 \*\*\*250.00

**DOCUMENT # L03000044485**

1. Entity Name  
**BAHAIVISTA ASSOCIATES, LLC**



Principal Place of Business  
**1518 STICKNEY POINTE ROAD  
 SARASOTA, FL 34231**

Mailing Address  
**1518 STICKNEY POINTE ROAD  
 SARASOTA, FL 34231**

2. Principal Place of Business  
**1526 Stickney Pt Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 5339**  
 Suite, Apt. #, etc.

**00000013**



03292005 Chg-LLC CR2E083 (10/03)

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34231** Country  
**USA**

Zip  
**34277** Country  
**USA**

4. FEI Number  
**20-0393489**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DECHOW, GERALD A  
 1518 STICKNEY POINTE ROAD  
 SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name  
**Dechow, Gerald A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1526 Stickney Pt Rd**

City  
**Sarasota FL** Zip Code  
**34231**

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**

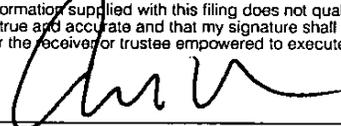
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECHOW, GERALD A 1518 STICKNEY PONTE ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dechow, Gerald A 1526 Stickney Pt Rd Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4/27/05** **941-926-1666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #