


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000048340</b><br>1. Entity Name<br><b>BAYVIEW OFFICE PLAZA, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>C/O JAMES L. CASE<br>2810 E. OAKLAND PARK BLVD., #102<br>FT. LAUDERDALE, FL 33306 | <b>Mailing Address</b><br>C/O JAMES L. CASE<br>2810 E. OAKLAND PARK BLVD., #102<br>FT. LAUDERDALE, FL 33306 |
|---|---|



01042005No Chg-LLC

CR2E083 (10/03)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>04-3780931</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

**6. Name and Address of Current Registered Agent**

CASE, JAMES L  
2810 EAST OAKLAND PARK BOULEVARD, STE 102  
FT. LAUDERDALE, FL 33306

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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CASE, JAMES L<br>2810 E. OAKLAND PARK BLVD., #102<br>FT. LAUDERDALE, FL 33306 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/20/05-R0028-003 50.00

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

1/14/05 954563-1000