


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000052389	
1. Entity Name BAY4 HOLDINGS, LLC	

Principal Place of Business 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695	Mailing Address 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695
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2. Principal Place of Business 3031 N Rocky Point A. Ste 400	3. Mailing Address 2841 COBBLESTONE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State PALEMBANG, FL
Zip 33607	Zip 34684
Country Hillsborough	Country USA

FILED

06 APR 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/05)

4. FEI Number 20-0786401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY SUITE 301 SAFETY HARBOR FL 34695	
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7. Name and Address of New Registered Agent Name Florida Corporate Counsel, LLC Street Address (P.O. Box Number is Not Acceptable) 601 CLEVELAND ST., SUITE 501-25 City CLEARWATER FL Zip Code 33755	
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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 Address change only! DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State.</p> <p>Due By May 1, 2006</p>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP BIDDINGER, CLAY M. 311 N. BAYSHORE DRIVE SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, CHRISTOPHER R. 101 PHILIPPE PKWY, SUITE 301 SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, RAMON III 311 N BAYSHORE DRIVE SAFETY HARBOR FL 34695 <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	MGRP BIDDINGER, CLAY M. 2841 COBBLESTONE DRIVE PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, CHRISTOPHER R. 601 CLEVELAND ST., SUITE 501-25 CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, ROMON III 600 S. MAGNOLIA AVE., STE. 275 TAMPA, FL 33606 <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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clay M. Biddinger 3/23/06 813-313-5400

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