


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90066 043 \*\*\*150.00

<b>DOCUMENT #</b> L03000054221	
1. Entity Name <b>HAYDEN INVESTMENTS OF BAY COUNTY, LLC</b>	

Principal Place of Business <b>1101 E. 23RD ST. PANAMA CITY, FL 32405</b>	Mailing Address <b>1100 TECH DRIVE LYNN HAVEN, FL 32494</b>
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**30008878**



03012006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1636244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FRENCH, WALLACE C CPA 105 PEACHTREE DR. LYNN HAVEN, FL 32444</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1100 TECH DRIVE LYNN HAVEN, FL 32494</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Westbrook, Francis, Sec/Treas 11598 Old Millberry Tr Fornum, TX 75126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Philip Westbrook 1100 Tech Dr Lynn Haven, FL 32444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Kenneth Westbrook Sec/Treas* **4-13-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #