2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

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DOCUMENT # L0400001221 1. Entity Name BAYPOINTE, L.L.C.							04-25-2005	5 90103 050 ****	50.00	
Principal Plac	o of Ausines		Mailing Address		1	-				
•			150 N. U.S. HWY 1, STE. 5			!				
150 N. U.S. HWY 1, STE. 5 Tequesta, Fl. 33469			TEQUESTA, FL 33469			1				
			,							
2. Principal P	Place of Busin	ness	3. Mailing Address							
0.95 4-14			College April 18 and 18			4				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202005	Chg-LLC	CR2E083 (10/03)		
City & State			City & State			4. FEI Numi	201		plied For	
Only a state			Only & State			43-20		<u> </u>	Applicable	
Zip	Zip Country		Zip Cou		ntry	 		□ \$5.00 Add		
· -	-	, 			·	5. Certificat	e of Status Desired	Foe Require	d	
	6. Name	and Address of Current R	legistered Agent			7. Name an	d Address of New R	egistered Agent		
Name G							MY VAN Brock			
GIRVIN, D.R. ESQ OCEANSIDE PROFESSIONAL CENTRE						Street Address (P.O. Box Number is Not Acceptable)				
		ESSIONAL CENTRE TOWN ROAD, STE. 10	ns			· · ·				
JUPITER,			150			N, US Hwy 1, 5T, 5 QUESTA FL Zip Code 33469				
00111211,			<u> </u>		City —					
					IN TEL	QUES TA		FL Zip Cod	469	
8. The above	named entit	submits this statement for	the purpose of changing its	register					and accept	
the obligat	tions of regis	tered agent.	- 1					/ /		
SIGNATURE	A	ary Ven E	Rrock G	er!	VAN BRO	ock		4/20/05	•	
	Signature, typed	or primed name of registered agent an	nd title if applicable. (NOTE	E: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005								e check payable to Department of State	•	
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	WANTAGING MEMBER	Delete	TITU			ADDITIONS!	☐ Change	Addition	
NAME		OCK, GARY	□ Delete	NAM				□ change	C Addition	
STREET ADDRESS 150 N. US HWY 1, STE. 5				STRE	EET ADDRESS					
CITY - ST- ZIP	TEQUES'	TA, FL 33469		CITY	-ST-ZIP				ļ	
TITLE	1		☐ Delete	TITU	E			☐ Change 1	Addition	
NAME				NAM	iÉ.				_	
STREET ADDRESS			•	STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			Delete	TITU	E			Change	☐ Addition	
NAME	İ			NAM					1	
STREET ADDRESS	ļ				ET ADDRESS					
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP					
TITLE	}		☐ Delete	TITL	1			☐ Change	Addition	
NAME				NAM	-					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
	 									
THILE	1		☐ Delete	TITU				Change	Addition	
NAME STREET ADDRESS	1			NAM STRE	ET ADDRESS					
CITY+ST-ZIP					-ST-ZIP					
TITLE	 		☐ Delete	TITU				☐ Change	☐ Addition	
NAME			C Detete	NAM					CT Worklost	
STREET ADDRESS	}				ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
11. I hereby	certify that th	e information supplied with t	this filing does not qualify for	r the exe	mption stated in S	ection 119.07(3)(i), Florida Statutes. I	further certify that the in	nformation	
indicated	l on this repo	rt is true and accurate and to ny or the receiver or trustee	hat my signature shall have	the same	e legal effect as if	made under oat	h; that I am a manag	ing member or manage	r of the	
iimited lia	onity compa	riy or the receiver or trustee	ampowered to execute (tils	eport as	a reduired by Cha	pter 600, FIUNDA	Statutes.			
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SIGNAT	URE: _	Hay Uba	a block		ARY VAN		7/20/	0.5 56/-742 Daytime Phone #	36160	
	SIGNATURE .	AND TYPED OR PRINTED NAME OF	STURING MANAGING MEMBER, MAI	NACER, OF	AUTHORIZED REPRES	ENTATIVE	Date	Daytime Phone #		