

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012109

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** BAY STREET VILLAGE AND TOWN CENTER, LLC

**Current Principal Place of Business:**

PO BOX 579  
OSPREY, FL 342290579

**New Principal Place of Business:**

PO BOX 579  
OSPREY, FL 342290579 US

**Current Mailing Address:**

PO BOX 579  
OSPREY, FL 342290579

**New Mailing Address:**

PO BOX 579  
OSPREY, FL 342290579 US

**FEI Number:** 20-0875532      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CASTELLANO, NELSON T  
101 E KENNEDY BLVD, STE 2700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

PERKINS, KRISTEEN  
254 MIAMI AVENUE WEST  
VENICE, FL 34285 US

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.

SIGNATURE: KRISTEEN PERKINS

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, HENRY  
Address: P.O. BOX 579  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RODRIGUEZ, HENRY  
Address: P.O. BOX 579  
City-St-Zip: OSPREY, FL 34229 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY RODRIGUEZ

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date