2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # L04000013296** 04-26-2005 90016 044 ****50.00 BAÇON'S BAYWATCH, LLC Principal Place of Business Mailing Address 8161800m 1150 FORT PICKINS ROAD, UNIT F-9 8309 REAGAN DRIVE PENSACOLA BEACH, FL 32561 PITTSBURGH, PA 15237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ☐ Addition TITLE □ Delete TITLE BACON, GARY J NAME NAME STREET ADDRESS 1150 FORT PICKINS ROAD, UNIT F-9 STREET ADDRESS PENSACOLA BEACH, FL 32561 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BACON, GARY J NAME 1150 FORT PICKINS ROAD, UNIT F-9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the filormation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this proof 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED