

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90012 003 \*\*\*\*50.00

DOCUMENT # L04000021247

1. Entity Name

BAY GROVE, L.L.C.



Principal Place of Business

600 CALLE ESCADA  
SANTA ROSA BEACH FL 32459

Mailing Address

600 CALLE ESCADA  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

19816 Hwy 331S

Suite, Apt. #, etc.

3. Mailing Address

19816 Hwy 331S

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Freeport, FL

City & State

Freeport FL

4. FEI Number

20-0876115

Applied For

Not Applicable

Zip

32439

Country

WALTON

Zip

32439

Country

WALTON

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P  
SMITH, GRIMSLEY, BAUMAN, ET AL  
25 N.E. WALTER MARTIN RD, STE 101  
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19816 Hwy 331S

City

Freeport

FL

Zip Code

32439

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MLJSR, INC.  
600 CALLE ESCADA  
SANTA ROSA BEACH FL 32459

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael Denkin 4/5/05 (850) 835-7061

Date

Daytime Phone #