

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023580

Entity Name: BAYFAIR STONELAKE, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

3717 W. NORTH B ST.
TAMPA, FL 33609

New Principal Place of Business:

509 S. HYDE PARK AVE
TAMPA, FL 33606

Current Mailing Address:

3717 W. NORTH B ST.
TAMPA, FL 33609

New Mailing Address:

509 S. HYDE PARK AVE
TAMPA, FL 33606

FEI Number: 65-1220917 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:

MILLER, RANDELL M
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRIS, JON M
Address: 3717 NORTH B STREET
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: SEIDENBERG, DAVID
Address: 3717 NORTH B STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIS, JON M
Address: 509 S. HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Change () Addition
Name: SEIDENBERG, DAVID
Address: 509 S. HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

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: JOHN R. FERRELL

VP

05/05/2006

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