


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:51

<b>DOCUMENT # L04000025270</b> 1. Entity Name <b>BAY AREA PATENT GROUP, LLC</b>					
Principal Place of Business <b>695 CENTRAL AVENUE SUITE 150-F ST. PETERSBURG, FL 33701</b>			Mailing Address <b>695 CENTRAL AVENUE SUITE 150-F ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>13575 58th Street N</b> Suite, Apt. #, etc. <b>175</b> City & State <b>CLEARWATER FL</b> Zip <b>33760</b>		3. Mailing Address <b>13575 58th Street N</b> Suite, Apt. #, etc. <b>175</b> City & State <b>CLEARWATER FL</b> Zip <b>33760</b>		4. FEI Number <b>13-4348924</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWELLYN, STEPHEN J 3015 WHISPERING DRIVE SOUTH LARGO, FL 33771</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Stephen J. Lewellyn</i></u> <span style="float: right;">8-22-2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEWELLYN, STEPHEN J 3015 WHISPERING DRIVE SOUTH LARGO, FL 33771</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>700079339257</b>  <b>08/31/06--01047--020 **50.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Stephen J. Lewellyn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				8-22-2006 727-538-4144 <small>Date Daytime Phone #</small>	