2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000027936

1. Entity Name
BAY ISLAND HOMES, LLC

Principal Place of Business	Mailing Address
25842 FRITH STREET LAND O' LAKES, FL 34639 US	25842 FRITH STREET LAND O' LAKES, FL 34639 US

DO NOT WRITE IN THIS SPACE

03132008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
81-0649063		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DORAN, RICHARD
25842 FRITH STREET
LAND O' LAKES, FL 34639

DO NOT WRITE IN THIS SPACE

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 3/14/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DORAN, RICHARD D
STREET ADDRESS	25842 FRITH STREET
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	MGRM
NAME	BUDKE, WILLIAM J
STREET ADDRESS	25842 FRITH STREET
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000864107
04/03/08-90118-013.138.75

DO NOT WRITE IN THIS SPACE

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: _____   3/14/08   813-610 SPJB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #