2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L04000035991

Entity Name: BAY WEST DEVELOPERS, L.L.C.

Current Principal Place of Business:

4116 HIGHWAY 231 NORTH
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 59462
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 47-0941664 **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:

HILTON, L. CHARLES JR
4116 HIGHWAY 231 NORTH
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

HILTON, JR, L. CHARLES
4116 HIGHWAY 231 NORTH
PANAMA CITY, FL 32404 US

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: L. CHARLES HILTON, JR. 06/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HILTON, JR., L. CHARLES
Address: 4116 N. HWY. 231
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM ( ) Change (X) Addition
Name: HUMBLE, ROBERT N
Address: 4116 N. HWY 231
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the 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 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: L. CHARLES HILTON, JR. MGRM 06/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date