

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 011 ****50.00

DOCUMENT # L04000036773

1. Entity Name
BAYCREST, LLC



Principal Place of Business
**4238 BELLE MEADE COURT
MEMPHIS, TN 38117**

Mailing Address
**4238 BELLE MEADE COURT
MEMPHIS, TN 38117**

20015690



2. Principal Place of Business

2166 W. C-30A

Suite, Apt. #, etc.

Suite E

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

3. Mailing Address

2166 W. C-30A

Suite, Apt. #, etc.

Suite E

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

01272005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-1590913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, W. CRIT
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAYSHORE PINES
4238 BELLE MEADE COURT
MEMPHIS, TN 38117**

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

2/22/05 850-622-1950