
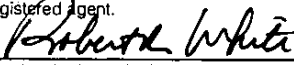



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90116 010 ****50.00

DOCUMENT # L04000044648					
1. Entity Name BAYMEADOWS PARTNERS, LLC					
Principal Place of Business 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216 US			Mailing Address 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03152007 Chg-LLC CR2E083 (12/06) 59-7136227	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216			Name Robert K. White Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216		
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 		Robert K. White		3/20/07	
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ELI T JR 1 SLEIMAN PKWY SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sleiman, Eli T., Jr. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216
MGR Sleiman, Eli T., Jr. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PKWY SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216
MGRM Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PKWY SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216
MGRM Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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MGRM Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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MGRM Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Robert K. White		3/20/07 904-731-8806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	