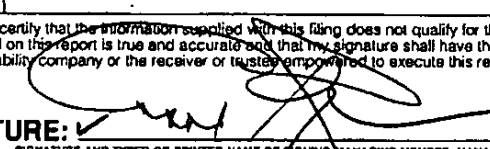


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L04000047040

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047040			
1. Entity Name BAY ASSET MANAGEMENT, LLC			
Principal Place of Business 3665 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS, FL 34134		Mailing Address 3665 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS, FL 34134	
2. Principal Place of Business		3. Mailing Address 3350 woods edge cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103	
City & State		City & State Bonita	
Zip	Country	Zip	Country
		34134	
04152005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1368651		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCARDLE, MICHAEL W ESQ. 711 FIFTH AVENUE SOUTH, SUITE 209 NAPLES, FL 34102		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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Conrad B. Jakubowski 3665 Bonita Beach Rd, Suite #3 Bonita Springs, FL 34134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David S. Foster 3665 Bonita Beach Rd. Suite #3 Bonita Springs, FL 34134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date 4/15/05 Daytime Phone # 239 947-7407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			