2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90049 046 ****50.00

DOCUMENT # L04000054840

1. Entity Name
BAYTREE GOLF, LLC

Principal Place of Business	Mailing Address
10688-C CRESTWOOD DRIVE MANASSAS, VA 20109	10688-C CRESTWOOD DRIVE MANASSAS, VA 20109

04182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1525318
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K
18086 S.E. VILLAGE CIRCLE
TEQUESTA, FL 33469

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SMITH, KIMBERLY R
STREET ADDRESS	8117 WILLINGBORO COURT
CITY-ST-ZIP	GAINSVILLE, VA 20155
TITLE	MGR
NAME	STAPLES, WALTER W
STREET ADDRESS	12212 S.E. BIRKDALE COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	MGR
NAME	MIRAGALIA, MICHAEL L
STREET ADDRESS	9315 NW 48TH DORAL TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Christina Batcheller VP 5/16/07 703-347-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #