



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90035 002 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L04000054955</b><br>1. Entity Name<br><b>BAY ASSOCIATES, LLC</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>2729 DOLPHIN WATCH COURT<br/>HOLIDAY, FL 34691 US</b>   |  |  | Mailing Address<br><b>2729 DOLPHIN WATCH COURT<br/>HOLIDAY, FL 34691 US</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | 04232005 Chg-LLC CR2E083 (10/03)<br>4. FEI Number <b>20-1602058</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For<br/>             Not Applicable         </div> |  |
| 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  |   |  |
| <b>POLL, ROBERT<br/>2729 DOLPHIN WATCH COURT<br/>HOLIDAY, FL 34691</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>POLL, ROBERT<br/>28 BURNETT RD<br/>WARWICK, FL 02889</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>25 GREAT ROAD<br/>BARRINGTON, RI 02860</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>MEDEIROS, TRICIA<br/>28 BURNETT RD<br/>WARWICK, FL 02889</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>25 GREAT ROAD<br/>BARRINGTON, RI 02806</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <b>4/25/05 (727) 937-6759</b><br><small>Date Daytime Phone #</small>   |   |  |