

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State

05-02-2006 90039 025 ****50.00

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04182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000055270 1. Entity Name BAYVIEW VILLAS, LLC					
Principal Place of Business 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112			Mailing Address 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112		
2. Principal Place of Business 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105 City & State Naples, FL Zip 34104		3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105 City & State Naples, FL Zip 34104		4. FEI Number 34-2010415	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, C. LANE ESQ C/O SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103-3060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNARD, THOMAS L 2666 AIRPORT RD 5 NAPLES, FL 341124885	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: William T. Higgs 4/27/06 239-775-2230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					