

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90466 044 \*\*\*\*\*50.00

**DOCUMENT # L04000055270**



**1. Entity Name**  
**BAYVIEW VILLAS, LLC**

**Principal Place of Business**  
3050 N HORSESHOE DR  
STE 105  
NAPLES, FL 34104

**Mailing Address**  
3050 N HORSESHOE DR  
STE 105  
NAPLES, FL 34104

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

40037701



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

**4. FEI Number**  
34-2010415

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$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

**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**

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**

**TITLE** MGR ☐ Delete  
**NAME** HIGGS, WILLIAM T  
**STREET ADDRESS** 3050 N HORSESHOE DR #105  
**CITY-ST-ZIP** NAPLES, FL 34104

**TITLE** MGRM ☒ Delete  
**NAME** BARNARD, THOMAS L  
**STREET ADDRESS** 3050 N HORSESHOE DR #105  
**CITY-ST-ZIP** NAPLES, FL 34104

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William T. Higgs 3/5/07 239-775-2230