

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065894

FILED
May 06, 2005
Secretary of State

Entity Name: BAYSCAPES CONTRACTORS, LLC

Current Principal Place of Business:

P.O. BOX 1033
EASTPOINT, FL 32828

New Principal Place of Business:

152 BAYSHORE DRIVE
EASTPOINT, FL 32828

Current Mailing Address:

P.O. BOX 1033
EASTPOINT, FL 32828

New Mailing Address:

FEI Number: 65-1232494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STALVEY, GARY B
152 SOUTH BAYSHORE DR.
EASTPOINT, FL 32828 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STALVEY, GARY B
Address: 152 SOUTH BAYSHORE DR.
City-St-Zip: EASTPOINT, FL 32828

Title: MGRM () Delete
Name: STALVEY, GARY B
Address: 152 SOUTH BAYSHORE DR.
City-St-Zip: EASTPOINT, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY B STALVEY

MGR

05/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date