

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-22-2005 90056 027 ****50.00

DOCUMENT # L04000074367					
1. Entity Name BAYFRONT HOLDINGS, LLC					
Principal Place of Business 3813 MARINER DRIVE PANAMA CITY, FL 32408			Mailing Address 1829 APPLEWOOD ROAD BATON ROUGE, LA 70808		
2. Principal Place of Business			3. Mailing Address P O Box 14889		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Baton Rouge LA		
Zip		Country		Zip 70898	
Country USA		4. FEI Number 20-174949			
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, GEORGE 3813 MARINER DRIVE PANAMA CITY, FL 32408					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reappointing)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOIES, MICHAEL W <input type="checkbox"/> Delete 1829 APPLEWOOD ROAD BATON ROUGE, LA 70808				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, GEORGE <input type="checkbox"/> Delete 3813 MARINER DRIVE PANAMA CITY, FL 32408				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CELESTIN, STEVE <input type="checkbox"/> Delete 19031 ST. CLARE DRIVE BATON ROUGE, LA 70808				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PENN, CLAUDE JR <input type="checkbox"/> Delete PO BOX 96 WATSON, LA 70785				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Michael W Boies</u> <u>Michael W. Boies</u> <u>7/19/05</u> <u>225-324-6526</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					