2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075266

Entity Name: BAYOU POINTE OF BAY COUNTY, LLC

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
540 SOUT	H BANANA RIVE	R DRIVE			
SUITE 106	3				
MERRIII	ISLAND, FL 329	52 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	H BANANA RIVE	R DRIVE			
SUITE 106 MERRITT) ISLAND, FL 329(52 US			
	,	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of Cur	rent Registered Agent:	Name and Address of	of New Registered Agent:	
1221 EAST SUITE 106	PS, MICHAEL T NEW HAVEN A S ISLAND, FL 3299				
	named entity sub of Florida.	mits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	nt	Date	
MANAGING	MEMBERS/MANAGE	RS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () De MCPHILLIPS, MICI 587 S. BANANA RI MERRITT ISLAND,	HAEL VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De WHETSTEIN, JACI 587 S. BANANA RI MERRITT ISLAND,	(VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De OTTENBACHER, J 587 S. BANANA RI MERRITT ISLAND,	AMES VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De KAUFMAN, STEPH 587 S. BANANA RI MERRITT ISLAND,	EN VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De KAPLAN, STEVEN 587 S. BANANA RI MERRITT ISLAND,	VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL MCPHILLIPS MGRM 04/27/2007