

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075486

FILED
May 02, 2008
Secretary of State

Entity Name: BAYTREE CONTRACT SERVICES, LLC

Current Principal Place of Business:

914 ATLANTIC AVENUE 2E
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 981
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: 61-1480008 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:

SHROADS, JAMES L ESQ
914 ATLANTIC AVENUE
SUITE 2E
FERNANDINA BEACH, FL 32034 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/MANAGERS:

Title: MGRM () Delete
Name: PATTERSON, ROBERT C
Address: 333 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15237 US

Title: MGRM () Delete
Name: SHROADS, DAVID L
Address: 3918 PALISADES DRIVE
City-St-Zip: WEIRTON, WV 26062 US

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: PATTERSON, ROBERT C
Address: 333 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15237 US

Title: MR (X) Change () Addition
Name: SHROADS, DAVID L
Address: 3918 PALISADES DRIVE
City-St-Zip: WEIRTON, WV 26062 US

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: ROBERT PATTERSON

MR.

05/02/2008

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