

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000082194

**FILED**  
**Jul 25, 2006**  
**Secretary of State****Entity Name:** BAY AREA DEVELOPMENT & CONSTRUCTION, LLC**Current Principal Place of Business:**5441 MANATEE POINT DRIVE  
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:****Current Mailing Address:**5441 MANATEE POINT DRIVE  
NEW PORT RICHEY, FL 34652 US**New Mailing Address:****FEI Number:** 20-5202754**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PARRIS, DAVID P  
5441 MANATEE POINT DRIVE  
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**

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:** PARRIS, DAVID P  
**Address:** 5441 MANATEE DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US**Title:** MGRM ( ) Delete  
**Name:** PARRIS, CAROL A  
**Address:** 5441 MANATEE DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM (X) Change ( ) Addition  
**Name:** SMITH, FRANK E  
**Address:** 9311 MANSARD LANE  
**City-St-Zip:** PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID P. PARRIS

MGMR

07/25/2006

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