


**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

40051648

<b>DOCUMENT # L04000089531</b>				04-08-2005 90282 023 *****50.00	
1. Entity Name <b>BAY PROPERTY INVESTMENTS, LLC</b>					
Principal Place of Business <b>747 JENKS AVENUE, SUITE F PANAMA CITY, FL 32401</b>		Mailing Address <b>747 JENKS AVENUE, SUITE F PANAMA CITY, FL 32401</b>			
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 638</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005 Chg-LLC CR2E083 (10/03)	
City & State <b>Panama City FL</b>		City & State <b>Panama City FL</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip <b>32402</b>	Country <b>USA</b>	Zip <b>32402</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>ANDERSON, CECELIA A 747 JENKS AVENUE SUITE F PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, CECELIA 747 JENKS AVENUE PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Julius Doston 1026 Primrose Lane Panama City FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scott Seymour 6913 Highway 22 Panama City, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					