2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
05-01-2006 90063 013 ****50.00

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04262006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
BAY PROPERTY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
747 JENKS AVENUE, SUITE F PANAMA CITY, FL 32401	P O BOX 638 PANAMA CITY, FL 32402

2. Principal Place of Business		3. Mailing Address	
1626 Primrose Lane		PO Box 1698	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Panama City FL		City & State: Panama City FL	
Zip: 32404	Country: USA	Zip: 32402	Country: USA

4. FEI Number: ~~APPLIED FOR~~ 20-2004253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, CECELIA A 747 JENKS AVENUE SUITE F PANAMA CITY, FL 32401	Name: Cecelia Anderson Street Address (P.O. Box Number is Not Acceptable): 135 Harrison Avenue City: Panama City FL Zip Code: 32401

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: Cecelia Anderson — DATE: 4-26-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POSTON, JULIUS		NAME	
STREET ADDRESS	1636 PRIMROSE LANE		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEYMOUR, SCOTT		NAME	
STREET ADDRESS	6913 HWY 22		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #