2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State
05-04-2005 90038 036 ****50.00

DOCUMENT # L04000090928

1. Entity Name

BAYFRONT, LLC

Principal Place of Business	Mailing Address
~~20240 RIVERBROOKE RUN~~ ~~ESTERO FL 33928~~ 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	~~20240 RIVERBROOKE RUN~~ ~~ESTERO FL 33928~~ 9070 PASEO DE VALENCIA ST FORT MYERS, FL 33908

2. Principal Place of Business		3. Mailing Address	
9070 PASEO DE VALENCIA ST		9070 PASEO DE VALENCIA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33908	Country: LEE	Zip: 33908	Country: LEE

1st MOORE CR2E083 (10/04)

4. FEI Number 20-2122040 ☐ 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
MANDERSCHIED, BERND ~~20240 RIVERBROOKE RUN~~ ~~ESTERO FL 33928~~ 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	Name: MANDERSCHIED, BERND Street Address (P.O. Box Number is Not Acceptable): 9070 PASEO DE VALENCIA STREET City: FORT MYERS FL Zip Code: 33908

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: [signature] DATE: 4-29-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER MANAGER BERND MANDERSCHIED 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER DAVID RUSS 14742 OSPREY FORT MYERS, FL 33908	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 4-29-05 239 949-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #