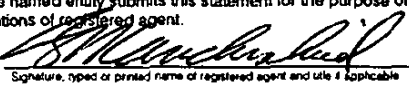
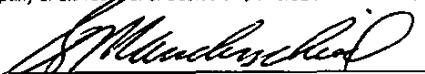


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 20240 RIVERBROOKE RUN— ESTERO FL 33928— 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908			Mailing Address 20240 RIVERBROOKE RUN— ESTERO FL 33928— 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908		
2. Principal Place of Business 9070 PASEO DE VALENCIA ST. Suite, Apt. #, etc.		3. Mailing Address 9070 PASEO DE VALENCIA ST. Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 20-2122040	
Zip 33908	Country LEE	Zip 33908	Country LEE	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANDERSCHIED, BERND 20240 RIVERBROOKE RUN— ESTERO FL 33928— 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908			7. Name and Address of New Registered Agent 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  DATE 4-29-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
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	☒ Change ☐ Addition	MANAGING MEMBER MANAGER BERND MANDERSCHIED 9070 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	MANAGING MEMBER DAVID RUSS 14742 OSPREY FORT MYERS, FL 33908	
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: 				DATE: 4-29-05 DAYTIME PHONE: 239 949-4590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					