

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005730

FILED
Jan 15, 2008
Secretary of State

Entity Name: BAYTERRA HOLDINGS, L.L.C.

Current Principal Place of Business:

1818 OAK RIDGE RD
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273
SAFETY HARBOR, FL 34695

New Mailing Address:

1818 OAK RIDGE RD
SAFETY HARBOR, FL 34695

FEI Number: 33-1110542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAY, CAROLYN M
1818 OAK RIDGE ROAD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

FAY, CAROLYN A
1818 OAK RIDGE ROAD
SAFETY HARBOR, FL 34695 US

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: CAROLYN A. FAY

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAY, CAROLYN M
Address: 1818 OAK RIDGE ROAD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: FAY, MICHAEL E
Address: 1818 OAK RIDGE ROAD
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAY, CAROLYN A
Address: 1818 OAK RIDGE ROAD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM (X) Change () Addition
Name: FAY, MICHAEL E
Address: 1818 OAK RIDGE ROAD
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN A. FAY

MGRM

01/15/2008

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