

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90003 011 \*\*\*\*50.00

<b>DOCUMENT # L05000007300</b> 1. Entity Name <b>BAY STREET PROPERTY, LLC</b>					
Principal Place of Business <b>4255 A1A SOUTH SUITE 10 ST. AUGUSTINE, FL 32080</b>			Mailing Address <b>4255 A1A SOUTH SUITE 10 ST. AUGUSTINE, FL 32080</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>20-2328275</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWANN, HENRY T III 1301 PLANTATION ISLAND DRIVE SUITE 205B ST. AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 recontacting)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to: <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SEAWRIGHT, J A 105 VILLAGE DEL PRADO WAY ST. AUGUSTINE, FL 32080	<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	VD DUSSEAU, M W #4 JAMES ROY AVENUE WEST PALM COAST, FL 32137	<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	STD DOMKE, TIMOTHY G 6330 COMMERCE ROAD WEST BLOOMFIELD, MI 48324	<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	<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	<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 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.					
<b>SIGNATURE:</b> <i>Altey Duseau</i>				Date: <b>2-28-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <b>904-471-3665</b>	



ATTACHMENT  
30002954

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2006

**BAY STREET PROPERTY, LLC**  
4255 A1A SOUTH  
SUITE 10  
ST. AUGUSTINE, FL 32080

Subject: **BAY STREET PROPERTY, LLC**

Reference Number: **L05000007300**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM  
ANNUAL REPORTS SECTION