

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90405 006 \*\*\*138.75

**DOCUMENT # L05000007300**



1. Entity Name  
**BAY STREET PROPERTY, LLC**

Principal Place of Business  
**101 N. BAY STREET  
BUNNELL, FL 32110**

Mailing Address  
**P.O. BOX 1658  
BUNNELL, FL 32110**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **90-0330005** Applied For  
~~59-3552344~~ Not Applicable

Zip

Country

Zip

Country

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

**SEAWRIGHT, J A  
105 VILLAGE DEL PRADO WAY  
ST. AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **PCD SEAWRIGHT, J A**  
STREET ADDRESS **105 VILLAGE DEL PRADO WAY**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Delete  
NAME **VD DUSSEAU, M W**  
STREET ADDRESS **#4 JAMES ROY AVENUE WEST**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME **STD DOMKE, TIMOTHY G**  
STREET ADDRESS **80 SURFVIEW DRIVE #421**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: x

**Timothy G Domke**

*Timothy G Domke* 2/28/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(38) 445 9555

ATTACHMENT

60012121  
#L05000007300

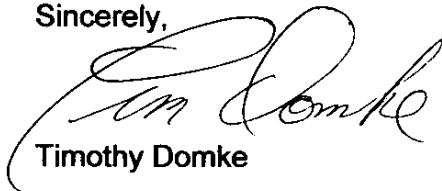
February 28, 2008

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is correspondence from the IRS indicating that Bay Street Property, L.L.C. has been issued a new Employer Identification Number 90-0330005. Future annual reports will be using this EIN.

Sincerely,



Timothy Domke



Department of the Treasury  
Internal Revenue Service

# ATTACHMENT

OGDEN UT 84201-0046

60012121

In reply refer to: 0423741710

Sep. 13, 2007 LTR 3953C E0

90-0330005 000000 00 000

00019629

BODC: SB

#L05000007300

BAY STREET PROPERTY LLC  
PO BOX 1658  
BUNNELL FL 32110-1658580



0928

Dear Taxpayer:

Thank you for your correspondence dated July 10, 2007.

Our records show the Employer Identification Number 90-0330005 was issued to Bay Street Property LLC as a limited liability company.

Our records show the Employer Identification Number 59-3552341 was issued to J Andrew Seawright & Timothy G Domk as a partnership.

If you are a sole proprietor, you should only have one Employer Identification Number regardless of the number of businesses you may own. However, each type of organization such as a partnership, a corporation, an estate or a trust is assigned its own Employer Identification Number.

If you have any questions, please call us toll free at 1-800-829-0922.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

# ATTACHMENT

60012121

0423741710  
Sep. 13, 2007 LTR 3953C E0  
90-0330005 000000 00 000  
00019630

#L05000007300

BAY STREET PROPERTY LLC  
PO BOX 1658  
BUNNELL FL 32110-1658580

Thank you for your cooperation.

Sincerely yours,

*Karen E. Peat*

Karen E. Peat  
Dept. Manager, Code & Edit/Entity 3

Enclosures:  
Copy of this letter  
Envelope