


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90200 012 \*\*\*150.00

<b>DOCUMENT # L05000013681</b> 1. Entity Name <b>BAYVIEW HOME IMPROVEMENTS, LLC</b>					
Principal Place of Business <b>10974 DOROTHY DRIVE LARGO, FL 33774 US</b>			Mailing Address <b>10974 DOROTHY DRIVE LARGO, FL 33774 US</b>		
2. Principal Place of Business <b>1112 W. Bucknell</b>		3. Mailing Address <b>81 Hewitt Blvd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Inverness FL</b>		City & State <b>Center Moriches, NY</b>		4. FEI Number <b>20-2346121</b>	
Zip <b>34450</b>		Country <b>Citrus</b>		Zip <b>11934</b>	
Country <b>Citrus</b>		Country <b>Suffolk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMSBURG, DONALD P 5840 54 AVENUE N SUITE A KENNETH CITY, FL 33709</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Alison Mayer</i></u> DATE <u><i>2-28-06</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYER, GEORGE F 10974 DOROTHY DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>81 Hewitt Blvd Center Moriches, NY 11934</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYER, ALLISON J 10974 DOROTHY DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>81 Hewitt Blvd Center Moriches, NY 11934</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAPORT, RONALD 1112 WEST BUCKNELL INVERNESS, FL 34450 <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			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			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			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> <u><i>Alison Mayer</i></u> <u><i>Alison Mayer</i></u> <u><i>3-3-06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					