

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013681

FILED
Mar 13, 2007
Secretary of State

Entity Name: BAYVIEW HOME IMPROVEMENTS, LLC

Current Principal Place of Business:

1112 W BUCKNELL
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:
81 HEWITT BLVD
CENTER MORICHES, NY 11934 US

New Mailing Address:

FEI Number: 20-2346121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSBURG, DONALD P
5840 54 AVENUE N
SUITE A
KENNETH CITY, FL 33709 US

Name and Address of New Registered Agent:

BAYVIEW HOME IMPORVMENTS LLC
1112 W BUCKNELL
INVERNESS, FL 34450 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: ALLISON MAYER

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAYER, GEORGE F
Address: 81 HEWITT BLVD
City-St-Zip: CENTER MORICHES, NY 11934 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MAYER, ALLISON J
Address: 81 HEWITT BLVD
City-St-Zip: CENTER MORICHES, NY 11934 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LAPORT, RONALD
Address: 1112 WEST BUCKNELL
City-St-Zip: INVERNESS, FL 34450 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON MAYER

MGR

03/13/2007

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