2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # L05000014883 1. Entity Name BAY VILLA, LLC									30 021 ***13	00.73
Principal Place of Business 2601 S. ROOSEVELT BLVD., A605 KEY WEST, FL 33040		Mailing Address 2601 S. ROOSEVELT BLVD., A605 KEY WEST, FL 33040			٠.	60027	7507			
2 Principal D	ace of Business - No P.O. Box #	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312008	Chg-LLC	CF	R2E083 (12/06)		
City & State		City & State			4. FEI Numb 20-031			— — — — — — — — — — — — — — — — — — —	oplied For of Applicable	
Zip	Country	Country Zip Country		ry		5. Certificate	of Status Desir	ed 🗌	\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			_	7. Name and	Address of N	ew Registe	red Agent	
ONDEDDO	NIK CARV			Name						
2601 S. RC	DNK, GARY DOSEVELT BLVD., A605 T, FL 33040	Street Address			ddress (P	(P.O. Box Number is Not Acceptable)				
				City					FL Zip Cod	e
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or	r registere	d agent, or bo	th, in the State	of Florida.	I am familiar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signatu	ure required v	nen reinstating)		С	ATE	
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75					4		Make che	ck payable to artment of Stat	
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9.	MANAGING MEMBER MGRM ONDERDONK, GARY 513 FLEMING ST SUITE 14	RS/MANAGERS	TITLE NAME STREE				ADDITIO	Make che prida Dep DNS/CHAP	ck payable to artment of Stat	e
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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: SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE