


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L05000015934 1. Entity Name BAY POINTE APARTMENTS, LLC |  |
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| Principal Place of Business 611 SOUTH 12TH STREET LEESBURG, FL 34748 | Mailing Address POST OFFICE BOX 492228 LEESBURG, FL 34748 |
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04022008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-2345948 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MAGALSKI, DAVID
611 SOUTH 12TH STREET
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

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

U00000923644
05/16/08-80039-014 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAGALSKI, DAVID 613 S 12TH STREET LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MAGALSKI, BARBARA 613 S 12TH STREET LEESBURG, FL |
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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: *Barbara Magalski* *Barbara Magalski* 4/23/08 352-787-2700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #