

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** BAY POINTE APARTMENTS, LLC

**Current Principal Place of Business:**

611 SOUTH 12TH STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

613 SOUTH 12TH STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

POST OFFICE BOX 492228  
LEESBURG, FL 34748

**New Mailing Address:**

613 SOUTH 12TH STREET  
LEESBURG, FL 34748

**FEI Number:** 20-2345948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MAGALSKI, DAVID  
613 SOUTH 12TH STREET  
LEESBURG, FL 34748 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: \_\_\_\_\_

02/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MAGALSKI, DAVID  
Address: 613 S 12TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: VPT  
Name: MAGALSKI, BARBARA  
Address: 613 S 12TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: DIR  
Name: MAGALSKI, SHELLEY A  
Address: 613 SOUTH 12TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: DIR  
Name: MAGALSKI, JAMES H  
Address: 613 SOUTH 12TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: DIR  
Name: MAGALSKI, SANDRA D  
Address: 613 SOUTH 12TH STREET  
City-St-Zip: LEESBURG, FL 34748

I hereby 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: DAVID MAGALSKI

PRES

02/08/2010

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