

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

FILED
Mar 29, 2011
Secretary of State

Entity Name: BAY POINTE APARTMENTS, LLC

Current Principal Place of Business:

613 SOUTH 12TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

613 SOUTH 12TH STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-2345948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: BARBARA MAGALSKI VPT 03/29/2011

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