

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019799

**FILED**  
**Apr 15, 2006**  
**Secretary of State**

**Entity Name:** BAYONNE DEVELOPMENT, LLC

**Current Principal Place of Business:**

480 BLACKBURN POINT ROAD  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

480 BLACKBURN POINT ROAD  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 20-2691554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERLIN LAW FIRM, P.A.  
1605 MAIN STREET, SUITE 910  
SARASOTA, FL 34236 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:** MGRM ( ) Delete  
**Name:** LEFEVRE, THOMAS L  
**Address:** 480 BLACKBURN POINT ROAD  
**City-St-Zip:** OSPREY, FL 34229

**Title:** MGRM ( ) Delete  
**Name:** NADOLSKI, LEONARD P  
**Address:** 5000 E. GRAND RIVER  
**City-St-Zip:** HOWELL, MI 48843

**ADDITIONS/CHANGES:**

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

**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:** THOMAS LEFEVRE

MGRM

04/15/2006

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