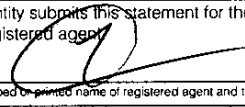
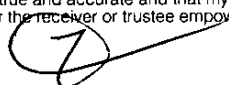


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90037 003 ****50.00

DOCUMENT # L05000019799 1. Entity Name BAYONNE, LLC					
Principal Place of Business 480 BLACKBURN POINT ROAD OSPNEY, FL 34229			Mailing Address 480 BLACKBURN POINT ROAD OSPNEY, FL 34229		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7820 S. Holiday Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 220			
City & State		City & State Sarasota FL		4. FEI Number 20-2691554	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 34231		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERLIN LAW FIRM, P.A. 1605 MAIN STREET, SUITE 910 SARASOTA, FL 34236				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State FL	
Zip Code				Zip Code	
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  DATE 4-18-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEFEVRE, THOMAS L 480 BLACKBURN POINT ROAD OSPNEY, FL 34229	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADOLSKI, LEONARD P 5000 E. GRAND RIVER HOWELL, MI 48843	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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  DATE 4-18-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					