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	Mailing Address
480 BLACKBURN POINT ROAD OSPREY, FL 34229	480 BLACKBURN POINT ROAD OSPREY, FL 34229

04092007 Chg-LLC CR2E083 (12/06)

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	
Zip	Country	Zip 34231	Country

4. FEI Number 20-2691554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 ______ 4-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LEFEVRE, THOMAS L	
STREET ADDRESS	480 BLACKBURN POINT ROAD	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	MGRM	☐ Delete
NAME	NADOLSKI, LEONARD P	
STREET ADDRESS	5000 E. GRAND RIVER	
CITY-ST-ZIP	HOWELL, MI 48843	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ______ 4-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #