## **2008 LIMITED LIABILITY COMPANY**

## May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000026370** 05-02-2008 90025 014 \*\*\*138.75 **BAY VIEW PROPERTIES, L.L.C.** Principal Place of Business Mailing Address 5326 BAYVIEW COURT 5326 BAYVIEW COURT CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 04112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2596893 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SLOAN, CHARLES DO NOT-WRITE --5326 BAYVIEW COURT CAPE CORAL, FL 33904 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM SLOAN, PETA MALE STREET ADDRESS **5326 BAYVIEW COURT** CITY-ST-ZIP CAPE CORAL, FL 33904; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

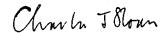
CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect 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.

SIG	N	ATI	ЦR	E:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IME



30/18

IN THIS SPACE

Daytime Phone #

FILED