

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90042 008 ****50.00

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04172006 Chg-LLC CR2E083 (11/05)

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|--|---|--|---|---|--|
| DOCUMENT # L05000027028 1. Entity Name BAY ISLAND DEVELOPERS, LLC | | | | | |
| Principal Place of Business 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578 | | | Mailing Address P.O. BOX 335 VALPARAISO, FL 32580 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 3550 Corporate Way Suite/Apt. #, etc. | | | |
| City & State Zip Country | | City & State Duluth, GA Zip Country 30096 USA | | 4. FEI Number 20-2934103 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent POPE, BRENT F 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM POPE, BRENT F 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |