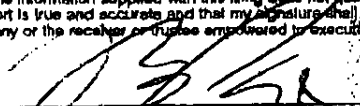


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90359 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000027028						
1. Entity Name BAY ISLAND DEVELOPERS, LLC						
Principal Place of Business 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578		Mailing Address 3550 CORPORATE WAY SUITE C DULUTH, GA 30096				
DO NOT WRITE IN THIS SPACE						
5. Name and Address of Current Registered Agent POPE, BRENT F 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578		40074992  01122007 No Chg-LLC CR2ED83 (11/05) <table border="1"><tr><td>4. FEI Number 20-2934103</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 20-2934103	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 20-2934103	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
DO NOT WRITE 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 reappointing) Signature, typed or printed name of registered agent and fee if applicable. DATE _____						
Filing Fee is \$60.00 Due by May 1, 2007						
9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPE, BRENT F 774 JOHN SIMS PARKWAY NICEVILLE, FL 32578					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
DO NOT WRITE IN THIS SPACE						
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 808, Florida Statutes.						
SIGNATURE: 		2007 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone *				