

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040643

Entity Name: BAYLEAF ENTERPRISES, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

1018 BARRACUDA DR
PANAMA CITY, FL 32408

New Principal Place of Business:

1018 BARRACUDA DR
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

POB 28206
PANAMA CITY, FL 32411

New Mailing Address:

FEI Number: 20-2741023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, KURT
1018 BARRACUDA DR
PANAMA CITY, FL 32408 US

Name and Address of New Registered Agent:

BERGMAN, KURT
1018 BARRACUDA DR
PANAMA CITY BEACH, FL 32408 US

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.

SIGNATURE: _____

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGMAN, KURT
Address: 1018 BARRACUDA DR
City-St-Zip: PANAMA CITY, FL 32408

Title: MGRM () Delete
Name: POYANT, BRIAN
Address: 1415 PARKWAY DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERGMAN, KURT
Address: 1018 BARRACUDA DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM (X) Change () Addition
Name: POYANT, BRIAN
Address: 1415 PARKWAY DRIVE
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KURT BERGMAN

MGRM

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date