

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90228 032 \*\*\*138.75

<b>DOCUMENT # L05000051809</b> 1. Entity Name BAY LOOP DEVELOPMENT, LLC	
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Principal Place of Business 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541	Mailing Address 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541
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**DO NOT WRITE IN THIS SPACE**

03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2907695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PLEAT, DAVID B  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN, FL 32541

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM</del> CO-MGRM HEWITT, MICHAEL B LEWIS, SCOTT 151 REGIONS WAY, SUITE 1-C DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MGRM CAPLAN, ROBERT A. 3631 CANAL ST. NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 608, Florida Statutes.

**SIGNATURE:** Michael B Lewis, Scott **CO-MANAGER** **3-14-08 (504) 486-7766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #