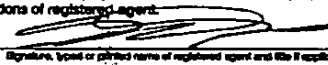
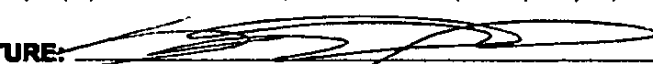


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90022 026 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000051921			
1. Entity Name BAYFRONT I, LLC			
Principal Place of Business 12273 HIGHWAY 98 W MIRAMAR BEACH, FL 32550		Mailing Address PO BOX 6697 MIRAMAR BEACH, FL 32550	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03162008 Chg-LLC CR2E083 (11/05)		4. FBI Number 20-2807563	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIXON, STEPHEN 12273 HIGHWAY 98 W MIRAMAR BEACH, FL 32550		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  STEPHEN DIXON (MGRM) 3-24-06 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when filing this statement.) 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 DIXON, STEPHEN PO BOX 6697 MIRAMAR BEACH, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZEK, JON J. PO BOX 6697 MIRAMAR BEACH, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, CARLA PO BOX 6697 MIRAMAR BEACH, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURRLE-KAZEK, ANNE L PO BOX 6697 MIRAMAR BEACH, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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  STEPHEN DIXON 3-24-06 850-650-7539 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			