2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061544

1. Entity Name BAY PLAZA INVESTORS, LLC

Principal Place of Business

9260 BAY PLAZA BLVD 501 TAMPA, FL 33619 Mailing Address

9260 BAY PLAZA BLVD

501

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33619

FILED Jan 24, 2007 08:00 AN Secretary of State



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3035419 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, THOMAS C II 625 COURT STREET STE 200 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of char tions of registered agent. | nging its registere | d office or registered agent, or bo | th, in the State of Flo | orida. I am familiar | with, and accept |
|--|---|---------------------|--|-------------------------|-------------------------|------------------|
| SIGNATURE. | Signature, typed or printed name of registered agent and little if applicable. | SHOTT: Early to and | Appel a long to the contract where collected and | | DATE | <u> </u> |
| | Signature, typed or printed name or registered again and their applicable. | (NOTE: Registered | Agent signature required when reinstasing) | <u> </u> | Unis | <u>, ; 2</u> |
| F) D | lling Fee Is \$50.00 ue by May 1, 2007 | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | , | | | | |
| TIPLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAY PLAZA REALTY, LLC 9260 BAY PLAZA BLVD #501 TAMPA, FL 33619 | , , , | | U0000 U1/2G/07 | (1601046 '-80033-02' | i 50.00 ° |
| TITLE NAME STREET ADDRESS CITY-ST-21P | | | | | | |
| TITLE MAME STREET ADDRESS CRY-ST-ZIP | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN ⁻ | THIS SF | PACE | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | <u> </u> | | | | |

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Paytime Phone i