

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068462

FILED
Apr 03, 2007
Secretary of State

Entity Name: BAYS, LLC

Current Principal Place of Business:

2377 LINWOOD AVE
202
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2377 LINWOOD AVENUE
202
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-3362023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLAND, PAUL
5600 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOLAND, PAUL
Address: 5600 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM () Delete
Name: BOLAND, CHRISTOPHER J
Address: 14880 PLEASANT BAY LANE # 2104
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM (X) Delete
Name: PETERS, VAUGHN A
Address: 900 BROAD AVENUE SOUTH, #6
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL BOLAND

MR

04/03/2007

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