

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068462

FILED  
Jul 08, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOLAND, PAUL  
5600 CYPRESS HOLLOW WAY  
NAPLES, FL 34109      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: \_\_\_\_\_

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

**ADDITIONS/CHANGES:**

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 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

MGRM

07/08/2008

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