2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000076510

BAYBERRY WAY, LLC

Principal Place of Business

Mailing Address

C/O BANK OF AMERICA PRIVATE BANK 4501 TAMIAMI TRAIL N., #102 NAPLES, FL 34103

C/O BANK OF AMERICA PRIVATE BANK 4501 TAMIAMI TRAIL N., #102 NAPLES, FL 34103 US

FILED Jan 29, 2007 08:00 AM **Secretary of State**



01112007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-3308273 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CLASP, INC. 3001 TAMIAMI TRAIL N. SUITE #400 NAPLES, FL 34103

SIGNATURE:

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16

Daylime Phone #

the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and bits it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALES, EDWARD C C/O BOA, 4501 TAMIAMI TRAIL N. #102 NAPLES, FL 34103		U00000607126 01/31/07-80025-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY+ST-ZIP		:	
TITLE NAME STRLET ADDRESS CITY-ST-ZIP			
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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

E OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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