

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078589

1. Entity Name
BAYLAND DEVELOPMENT GROUP, LLC



Principal Place of Business
12 OLD COURTHOUSE WAY UNIT B
CRAWFORDVILLE, FL 32327

Mailing Address
12 OLD COURTHOUSE WAY UNIT B
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

1543 SAN LOUIS RD

Suite, Apt. #, etc.

3. Mailing Address

1543 SAN LOUIS RD

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

Zip
32304

Country
L

City & State
TALLAHASSEE FL

Zip
32304

Country



03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, JR
12 OLD COURTHOUSE WAY UNIT B
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
Fletcher Jerry

Street Address (P.O. Box Number is Not Acceptable)

1543 SAN LOUIS RD

City
TALLAHASSEE

FL

Zip Code
32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MOBLEY, OSBORN L
14250 N.W. 4643
MORRISTON, FL 32668 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
Jerry R Fletcher JR
1543 SAN LOUIS RD
TAL, FL 32304 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900068193219
03/20/06--01059--024 **350.00 ☐ Change ☐ Addition

TITLE
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TITLE
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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3 - 20 - 2006