

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000081278

1. Entity Name
BAYBARLYN MANAGEMENT, LLC



Principal Place of Business
**2410 LAWN MEADOW
RICHARDSON, TX 75080**

Mailing Address
**2410 LAWN MEADOW
RICHARDSON, TX 75080**



04242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3279696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHIELDS, JOHANNE P
STREET ADDRESS	2410 LAWN MEADOW
CITY-ST-ZIP	RICHARDSON, TX 75080
TITLE	MGR
NAME	GRAHAM, CAROL R
STREET ADDRESS	125 VINYARD COURT
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	MGR
NAME	STORM, JOHANNA B
STREET ADDRESS	10 TWIN LAKE COURT
CITY-ST-ZIP	DALWORTHINGTON GARDENS, TX 78018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000746093
05/16/07-80056-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Johanne P. Shields

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

04-24-07 (912) 644-6943

Date

Daytime Phone #