

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000081716

1. Entity Name

BAYBERRY REAL ESTATE, LLC



Principal Place of Business

1761 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

Mailing Address

1761 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952



03032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3349748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLAUSMEYER, WILLIAM  
1761 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000834563  
04/24/08-80032-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME KLAUSMEYER, WILLIAM  
STREET ADDRESS 1761 PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE MGRM  
NAME BERRY-KLAUSMEYER, LISA  
STREET ADDRESS 1761 PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: William B. Klausmeyer

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

Date

Daytime Phone #

3/20/08 772 335 0553