


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 032 ***138.75

DOCUMENT # L05000082768 1. Entity Name BAYPORT ESTATES, L.L.C.	
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Principal Place of Business PO BOX 6458 MIRAMAR BEACH FL 32550	Mailing Address PO BOX 6458 MIRAMAR BEACH FL 32550
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2. Principal Place of Business - No P.O. Box # 187 Co 3280 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1701 Suite, Apt. #, etc.
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City & State Freeport FL	City & State Santa Rosa Bch, FL
Zip 32439	Zip 32459
Country	Country

4. FEI Number 20-3349079		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent HELMICH, KEVIN M 4481 LEGENDARY DRIVE, SUITE 200 DESTIN FL 32541	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75	
After May 1, 2008, Fee Will Be \$538.75	
Make Check Payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBOSA, ANTONIO C PO BOX 6458 MIRAMAR FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBOSA, CARLENE W PO BOX 6458 MIRAMAR FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carlene W Barbosa April 12, 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #