

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90088 001 ***500.00

DOCUMENT # L05000082965

1. Entity Name

BAY PINES ACQUISITION, LLC



Principal Place of Business

Mailing Address

475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701
US

475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701
US

2. Principal Place of Business - No P.O. Box #

1950 Lake Ave, S.E.

3. Mailing Address

1950 Lake Ave, S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

#B

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33771

Pineellas

33771

Pineellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LODER, JOHN
475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LODER, JOHN
475 CENTRAL AVENUE, SUITE 205
ST. PETERSBURG FL 33701
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1950 Lake Ave, S.E. #B
Largo, FL 33771
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

April Charles

5-1-07 (727) 581-7200