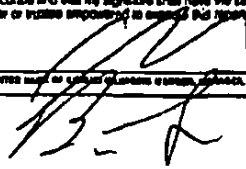


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L05000089894

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000089894			
1. Entity Name BAY ARBOR PLACE, LLC			
Principal Place of Business 2454 MCNALLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759		Mailing Address 2454 MCNALLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
A. Name and Address of Current Registered Agent HANEY, R. REID 101 EAST KENNEDY BLVD. SUITE 4100 TAMPA, FL 33602-5152		B. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
C. 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 the 2 witnesses (if/when Registered Agent Name is required when registering)			
Filing Fee is \$50.00 Due by May 1, 2006		State which pays fee to Florida Department of State	
8. REMOVING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-STATE-ZIP Edwin Z... 2454 McMillen Booth Rd Clearwater FL 33759		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP Bryan Fisher 2454 McMillen Booth Rd Clearwater FL 33759		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP Phil D... 2454 McMillen Booth Rd Clearwater FL 33759		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
10. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, 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 inside under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to register the report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		1/6/06 727-470-0910 3/1/06	

FILED
2006 APR -3 PM 3:37
TALLAHASSEE, FLORIDA

Manager
Manager