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L05000089894

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089894

1. Entity Name
BAY ARBOR PLACE, LLC

Principal Place of Business	Mailing Address
2454 MCMULLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759	2454 MCMULLEN 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

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3461415 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANEY, R. REID 101 EAST KENNEDY BLVD. SUITE 4100 TAMPA, FL 33602-5152	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 _____ DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE MGR NAME Edward Zoulis STREET ADDRESS 2454 McMullen Booth Rd CITY-ST-ZIP Clearwater FL 33759 ☐ Delete	☐ Change ☐ Addition
TITLE MGR NAME Bryan Fisher STREET ADDRESS 2454 McMullen Booth Rd CITY-ST-ZIP Clearwater FL 33759 ☐ Delete	☐ Change ☐ Addition
TITLE MGR NAME Phil Donnamaro STREET ADDRESS 2454 McMullen Booth Rd CITY-ST-ZIP Clearwater FL 33759 ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

Manager
Manager

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 605, Florida Statutes.

SIGNATURE: _____ 1/6/06 727-430-0910
NAME AND TITLE OF INDIVIDUAL SIGNING (BY AUTHORIZED REPRESENTATIVE) — DATE — DAYTIME PHONE #

3/1/06

FILED
2006 APR -3 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA