


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 005 ***138.75

DOCUMENT # L05000089894 1. Entity Name BAY ARBOR PLACE, LLC	
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Principal Place of Business 2454 MCMULLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759	Mailing Address 2454 MCMULLEN BOOTH ROAD SUITE 605 CLEARWATER, FL 33759
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3461415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARVER, CHARLES 101 EAST KENNEDY BLVD. SUITE 4100 TAMPA, FL 33602-5152 33629	McNamara & Carver P.A. 2907 Bay to Bay Blvd. Ste. 201
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, BRYAN 2454 MCMULLEN BOOTH ROAD Ste. 605 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOGANERO, PHIL 2454 MCMULLEN BOOTH ROAD Ste. 605 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZBELLA, EDWARD A 2454 MCMULLEN BOOTH ROAD Ste. 605 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wanda DeBoer 2454 McMullen Booth Rd Ste. 605 Clearwater FL 33759
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/08 727 7967705
Date Daytime Phone #