2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000096170

1. Entity Name BAYBORO TOWER LLC



Principal Place of Business

150 SECOND AVENUE NORTH STE 770 ST. PETERSBURG, FL 33701

Mailing Address

150 SECOND AVENUE NORTH STE 770 ST. PETERSBURG, FL 33701

FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90138 020 ****50.00

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01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1147971 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERBURY, JOSEPH MARK 150 SECOND AVENUE NORTH STE 770 ST. PETERSBURG, FL 33701

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(MOTE II - invest	Agent signature required when reinstating)	DATE
	Signature, typed or printed name or registered agent and their appricable.	(14D / E. Hagisterad	Wast afformed technical motor recurrents)	DATE
F D	iling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	WATERBURY, JOSEPH M PRESIDE			
STREET ADDRESS	1			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			
TITLE	MGRM			
NAME	SAMUELS, SCOTT			
STREET ADDRESS	150 SECOND AVENUE NORTH STE 770			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			
TITLE	MGRM			
NAME	STEELE, JON T			
STREET ADDRESS	150 SECOND AVENUE NORTH STE 770		חס אסז	WRITE
CITY-ST-ZIP	ST PETERSBURG, FL 33701		וטא טע	AALZIIE
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CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS	}			
CITY-ST-ZIP				

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: 1 / NAN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-24-07

207-803-6345

Osytime Phone #

J. Mark Waterbury