


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90194 003 ****50.00

DOCUMENT # L05000109247		
1. Entity Name BAYOU SOUND INVESTMENTS, LLC		
Principal Place of Business 3201 BAYOU SOUND LONG BOAT KEY, FL 34228		Mailing Address 3201 BAYOU SOUND LONG BOAT KEY, FL 34228

20007698



2. Principal Place of Business		3. Mailing Address		02102006	Chg-LLC	CR2E083 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		30-3772163	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARSENAULT, KENNETH G JR. % ARSENAULT LAW GROUP, P.A. 10225 ULMERTON ROAD, STE. 2 LARGO, FL 33771		Name JANE D. VERNON	
		Street Address (P.O. Box Number is Not Acceptable) 3201 Bayou Sound	
		City Longboat Key FL Zip Code 34228	

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 Jane D. Vernon **JANE D. VERNON MGR.** 2/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNON, WILLIAM G 3201 BAYOU SOUND LONG BOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNON, JANE V 3201 BAYOU SOUND LONG BOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jane D. Vernon **JANE D. VERNON** 2/10/06 (941)776-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #