## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113877

Entity Name: BAY OAKS, LLC

FILED Jan 05, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

190 GULF PINES DRIVE PORT ST JOE, FL 32456

**Current Mailing Address: New Mailing Address:** 

190 GULF PINES DRIVE PORT ST JOE, FL 32456

FEI Number: 20-3192908 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENNEDY, PAUL R ESQ. GOULD, PATRICK J 250 NE 12TH STREET 190 GULF PINES DRIVE DELRAY BEACH, FL 33444 US PORT SAINT JOE, FL 32456 US

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.

SIGNATURE: PATRICK J GOULD 01/05/2008

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition GOULD, PATRICK JAMES GOULD, PATRICK J Name: Name:

Address: 190 GULF PINES DRIVE Address: 190 GULF PINES DRIVE City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: MOORE, MIKE Name: MOORE, MIKE

Address: 190 GULF PINES DRIVE Address:

3021 JUPITER PARK CIRCLE City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK GOULD 01/05/2008