

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90023 001 \*\*\*200.00

**DOCUMENT # L06000026711**

1. Entity Name  
**BAY WASH, LLC**



Principal Place of Business  
**29 RIVERSIDE DRIVE  
#602  
COCOA, FL 32922 US**

Mailing Address  
**29 RIVERSIDE DRIVE  
#602  
COCOA, FL 32922 US**

**30000063**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**59-2513075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R ESQ  
1800 W. HIBISCUS BOULEVARD  
SUITE 138  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

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

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, 2007

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **KENNEDY POINT MARINA, INC.**  
STREET ADDRESS **29 RIVERSIDE DRIVE, #602**  
CITY - ST - ZIP **COCOA, FL 32922**

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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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: *John R. Kancilia*

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

*1/16/07* *321-637-9000*  
Date Daytime Phone #