



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000030876</b> 1. Entity Name <b>BAYCO PROP, LLC</b>						26 SEP 06 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>9490 BENCHMARK LANE CINCINNATI, OH 45242 US</b>				Mailing Address <b>9490 BENCHMARK LANE CINCINNATI, OH 45242 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07252007    Chg-LLC    CR2E083 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>LAVENDER, KYLE 873 WESTBAY DRIVE 105 LARGO, FL 33770</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LANGHORNE, CAROLEE</b> <b>9490 BENCHMARK LANE</b> <b>CINCINNATI, OH 45242</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>600109887766</b>  <b>09/25/07--01024--017 **50.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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.							
<b>SIGNATURE:</b> <i>Carolee Langhorne</i> <b>Carolee Langhorne</b> <b>513-793-6655</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>							