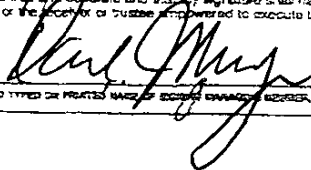


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State

05-07-2007 90372 017 ****50.00

01-08-2007 90206 029 ****50.00

DOCUMENT # L06000063748																																
1. Entity Name BAYWAY INVESTORS GROUP, LLC																																
Principal Place of Business		Mailing Address																														
1409 KIRKLEY AVENUE BUILDING 2 ORANGE PARK FL 32073		P.O. BOX 2426 ORANGE PARK FL 32067																														
2. Principal Place of Business - No P.O. Box		3. Mailing Address																														
Suite, Apt. 9, etc.		Suite, Apt. 9, etc.																														
City & State		City & State																														
Zip	Country	Zip	Country																													
4. FID Number 20-5087637		Applied For ☐ Not Applicable																														
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																														
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																														
MUYRES, DAVID J 2412 STOCKTON DRIVE GREEN COVE SPRINGS, FL 32043		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 any exceptions. (NOTE: Registered Agent signature required when initialing)																																
Filing Fee to \$50.00 Due by September 14, 2007		State check payable to Florida Department of State																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">18. MANAGING MEMBERS / MANAGERS</th> <th colspan="2">19. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>					18. MANAGING MEMBERS / MANAGERS		19. ADDITIONS / CHANGES		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 executor or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																																
SIGNATURE: 		7-1-07 904 219-7407																														
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																