

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083813

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: BAY FAMILY KIDS LLC

**Current Principal Place of Business:**

3706 LONEWOOD CT  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

5557 W WATERS AVE STE 700  
TAMPA, FL 33634 US

**Current Mailing Address:**

3706 LONEWOOD CT  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

3706 LONEWOOD CT  
LAND O LAKES, FL 34638 US

FEI Number: 51-0602068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILES, DAN F  
3706 LONEWOOD CT  
LAND O LAKES, FL 34639 US

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

BAILES, DANIEL F  
3706 LONEWOOD CT  
LAND O LAKES, FL 34639 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: DANIEL F BAILES

02/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAILES, DANIEL F  
Address: 3706 LONEWOOD CT  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM ( ) Delete  
Name: BAILES, MARIA C  
Address: 3706 LONEWOOD CT  
City-St-Zip: LAND O LAKES, FL 34639 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL F BAILES

MGRM

02/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date