## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000118120

1. Entity Name BAYWOOD, LLC



Principal Place of Business

108 GREEN LEAF LANE ALTAMONTE SPRINGS, FL 32714 Mailing Address

108 GREEN LEAF LANE ALTAMONTE SPRINGS, FL 32714

## FILED Apr 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02202008 No Chg-LLC CR

CR2E083 (12/07)

4. FEI Number 20-8205019

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changir	ng its registered office or registered agent, or both, in the State of F	lorida. 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

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000917986 - 05/13/08-80064-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	F & C ENTERPRISES, LLC
STREET ADDRESS	108 GREEN LEAF LANE
CITY-\$T-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	pertify that the information supplied with this filing does not qualify for the ex

DO NOT WRITE

11. I hereby certify that the information supplied with his filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF HONING MANAGING MEMBER, OR AUTHORIZED REPRESEN

1/1/08 407645.5821