

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000006669

FILED
Sep 28, 2009
Secretary of State**Entity Name:** BAYVIEW HOTEL DEVELOPMENT I, LLC**Current Principal Place of Business:**10627 BROADLAND PASS
THONOTOSASSA, FL 33592**New Principal Place of Business:****Current Mailing Address:**10627 BROADLAND PASS
THONOTOSASSA, FL 33592**New Mailing Address:****FEI Number:** 26-1799106**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUTTON, JAMES H JR
10627 BROADLAND PASS
THONOTOSASSA, FL 33592 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SUTTON, JAMES
Address: 10627 BROADLAND PASS
City-St-Zip: THONOTOSASSA, FL 33592**Title:** MGRM () Delete
Name: ORR, GORDON
Address: 367 OAK RIDGE CIRCLE
City-St-Zip: COLUMBUS, MS 39705**Title:** MGRM (X) Delete
Name: MCKELVEY, JAMES
Address: 7520 BYRON PLACE #3 EAST
City-St-Zip: ST. LOUIS, MO 63105**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: MCKELVEY, JAMES
Address: 7520 BYRON PLACE # 3 EAST
City-St-Zip: ST. LOUIS, MO 63105**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: JAMES H SUTTON JR

CFO

09/28/2009

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