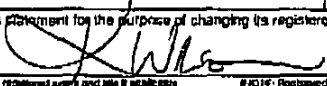
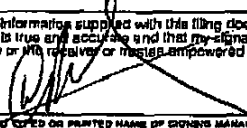


FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 012 ***150.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L92000000028			
1. Entity Name BAY GARDENS RETIREMENT VILLAGE, L.C.			
Principal Place of Business 1415 EAST 124TH AVE TAMPA, FL 33612		Mailing Address 1415 EAST 124TH AVE TAMPA, FL 33612	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3494512	
		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	
STAMATAKIS & THALJI, PL 2701 NORTH ROCKY POINT DRIVE 525 TAMPA, FL 33607		Name WILSON, Karren A., ESQ.	
		Street Address (P.O. Box Number is Not Acceptable) 5600 MARINER STREET, Suite 216	
		City TAMPA	
		FL Zip Code 33609	
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 		DATE 4/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MORM PATEL, KIRAN C DR. 5600 MARINER STREET, STE 220 TAMPA, FL 33609	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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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 its receiver or assignee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE KIRAN C. PATEL	