## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1997



FLORIDA DERARTMENT OF STATE Sandra B. Mortham

97 MAR 28 PM 2: 20 Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # L9500000846 1a. Principal Place of Business Address BAYWALL HOLDINGS, L.C. 13902 NORTH DALE MABRY HIGHWAY 13902 NORTH DALE MABRY HIGHWA SUITE 104 SUITE 104 TAMPA FL 33618 TAMPA FL 33618 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/06/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3351157 5. Date of Last Report 6. Certificate of Status Desired Country S8.75 Additional Fee Required 05/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent SMITH, H. STRATTON 611 W AZEELE STREET TAMPA FL 33618 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the apovenamed limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by effirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. MAR. 18/97 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers 13902 NORTH DALE MABRY HIG TAMPA FL MGRM ROBINSON, DOUGLAS E RUBINSON, DAVID G. 13902 NORTH DAL MILDRY HWY THOMA. FL. MGRIM 500002129785-----04/01/97--01039--014 \*\*\*\*173.75 \*\*\*\*173.75 500002129785---04/01/97--01039--015 \*\*\*\*\*38.75 \*\*\*\*\*38.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 trustee empowered to execute this report as required to execute the required to execute the execute this report as required to execute the re

SIGNATURE: <u>"Dougles E".</u>

INHSE10 R(12-96)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED