File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 17 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000846

BAYWALL HOLDINGS, L.C.
13902 NORTH DALE MABRY HIGHWAY
SUITE 104
TAMPA FL 33618

1a. Principal Place of Business Address

13902 NORTH DALE MABRY HIGHW
SUITE 104
TAMPA FL 33618

2. Principal Place of Business	2a. Mailing Address
P.O. BOX 2055.	P.O. BOX 2055;
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ. FLORIDA	City & State: LUTZ, FLORIDA.
Zip: 33548-2055 Country:	Zip: 33548-2055 Country:

3. Date Organized or Qualified	3a. State of Formation
11/06/1995	FL

4. FEI Number: 59-3351157 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 03/04/1998

6. Certificate of Status Desired: $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
ROBINSON, DOUGLAS E 9165 HIGHLAND RIDGE HWY. TAMPA FL 33647	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (If the Registered Agent is a corporation, the signature must be that of an officer)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROBINSON, DOUGLAS E	~~13902 NORTH DALE MABRY HIG TAMPA FL~~ P.O. BOX 9055, LUTZ, FL 33548-2055	
MGRM	ROBINSON, DAVID G	~~1392 NORTH DALE MABRAY HIG TAMPA FL~~ P.O. BOX 9055, LUTZ, FL 33548-2055	

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SL 3-24-99

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 by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ Pres
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (MANAGING MEMBER OR MANAGER) Date Daytime Phone #

INHSE10 R (12-98)