

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000846

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BAYWALL HOLDINGS, L.C.

**Current Principal Place of Business:**

11201 WEST WATERS AVENUE  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2055  
LUTZ, FL 335482055

**New Mailing Address:**

FEI Number: 59-3351157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, DAVID G  
11201 WEST WATERS AVENUE  
TAMPA, FL 33635    US

**Name and Address of New Registered Agent:**

ROBINSON, DAVID G  
1910 WALLACE ROAD  
LUTZ, FL 33549    US

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

04/15/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, DOUGLAS E  
Address: P.O. BOX 2055  
City-St-Zip: LUTZ, FL 335482055

Title: MGRM ( ) Delete  
Name: ROBINSON, DAVID G  
Address: P.O. BOX 2055  
City-St-Zip: LUTZ, FL 335482055

Title: T ( ) Delete  
Name: ROBINSON, JOHNETTE L  
Address: PO BOX 2055  
City-St-Zip: LUTZ, FL 335482055 US

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: ROBINSON, DAVID G  
Address: P.O. BOX 2055  
City-St-Zip: LUTZ, FL 335482055

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, DOUGLAS E  
Address: P.O. BOX 2055  
City-St-Zip: LUTZ, FL 335482055

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: JOHNETTE L ROBINSON

T

04/15/2009

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