2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L97000000700

Entity Name: BAY HAMMOCK ESTATES, L.C.

Current Principal Place of Business:

10 FLAMINGO HAMMOCK RD
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 973
ISLA MORADA, FL 33036

New Mailing Address:

10 FLAMINGO HAMMOCK ROAD
ISLA MORADA, FL 33036

FEI Number: 65-0762937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK RD.
ISLAMORADA, FL 33036 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/MEMBERS:

Title: MGRM ( ) Delete
Name: RYAN, DENNIS R
Address: POST OFFICE BOX 973
City-St-Zip: ISLA MORADA, FL 33036

Title: MGRM ( ) Delete
Name: RYAN, CHRISTEL C
Address: POST OFFICE BOX 973
City-St-Zip: ISLA MORADA, FL 33036

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RYAN, DENNIS R
Address: 10 FLAMINGO HAMMOCK ROAD
City-St-Zip: ISLA MORADA, FL 33036

Title: MGRM (X) Change ( ) Addition
Name: RYAN, CHRISTEL C
Address: 10 FLAMINGO HAMMOCK ROAD
City-St-Zip: ISLA MORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTEL C. RYAN MGRM 04/30/2004

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