

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90029 038 \*\*\*\*55.00

**DOCUMENT # L99000001164**

1. Entity Name  
**BAY4 CAPITAL, LLC**



Principal Place of Business  
**311 N. BAYSHORE DRIVE  
SAFETY HARBOR, FL 34695**

Mailing Address  
**311 N. BAYSHORE DRIVE  
SAFETY HARBOR, FL 34695**

**24046413**



01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3559961**

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

**BIDDINGER, CLAY M  
101 PHILIPPE PARKWAY, SUITE 300  
SAFETY HARBOR, FL 34695**

Name **Florida Corporate Counsel, LLC**

Street Address (P.O. Box number is Not Acceptable)

**101 Philippe Pkwy, Suite 301**

City **Safety Harbor**

FL

Zip Code **34695**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**President/Manager**

**1/9/04**

**Filing Fee is \$50.00 + \$5 = \$55.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Mgr** ☐ Delete  
NAME **BIDDINGER, CLAY M**  
STREET ADDRESS **2841 COBBLESTONE DR**  
CITY-ST-ZIP **RAHM HARBOR, FL 34684**

TITLE **Mgr & President** ☒ Change ☐ Addition  
NAME **Biddinger, clay m**  
STREET ADDRESS **311 N Bayshore Drive**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **S** ☐ Delete  
NAME **SULLIVAN, CHRISTOPHER R**  
STREET ADDRESS **738 HARBOR ISLAND**  
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Sullivan, christopher R**  
STREET ADDRESS **101 Philippe Pkwy, Suite 301**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **N/A** ☐ Delete

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Gonzalez, Ramon III**  
STREET ADDRESS **311 N Bayshore Drive**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **N/A** ☐ Delete

TITLE **N/A** ☐ Change ☐ Addition

TITLE **N/A** ☐ Delete

TITLE **N/A** ☐ Change ☐ Addition

TITLE **N/A** ☐ Delete

TITLE **N/A** ☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Mgr/Pres 1/9/04 (727) 216-4000**

Date

Daytime Phone #