2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Apr 12, 2004 08:00 AM Secretary of State

DOCUMENT	# [9900	0000	551	8

1. Entity Name

BAWDAIRS CAPITAL MANAGEMENT, L.L.C.



Principal Place of Business

1016 BEL AIRE DRIVE DAYTONA BEACH, FL 32118 Mailing Address

P.O. BOX 790

DAYTONA BEACH, FL 32115



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3596526 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491

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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 tise if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCDERMOTT, LUCILE Q
STREET ADDRESS	1016 BEL AIRE DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	EDWIN WYLIE QUILLIAN
STREET ADDRESS	302 KORINNA COURT
C31Y - ST - ZIP	PEACHTREE CITY, GA 30269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u></u>
TITLE	
NAME .	
STREET ADDRESS	
CITY-5T-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	-
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t). 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: Lucile Q. McDermott

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

3-27-04

386 239-9808

Davime P

3/8/04: IFW: mf