2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # L99000007800** 1. Entity Name BAY TO BAY EXECUTIVES, L.L.C. Principal Place of Business Mailing Address 3708 W. BAY TO BAY BLVD. 3708 W. BAY TO BAY BLVD. TAMPA, FL 33629 TAMPA, FL 33629 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3712965 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, BARBARA W DO NOT WRITE 3708 W. BAY TO BAY BLVD. TAMPA, FL 33629 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME BROWN, BARBARA W 3708 W. BAY TO BAY BLVD. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

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