


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90105 036 \*\*\*\*50.00

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<b>DOCUMENT # L99000008405</b> 1. Entity Name <b>BAY GROVE TRAINING CENTER, LLC</b>					
Principal Place of Business 6825 S.W. 66TH STREET OCALA, FL 34477			Mailing Address 6650 SW 66 ST OCALA, FL 34476		
2. Principal Place of Business <i>6650 SW 66th Street</i>		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Ocala FL</i>		City & State		4. FEI Number <b>59-3616847</b>	
Zip <i>34476</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LIGHTNER, MICHAEL O</b> <b>6825 SW 66 STREET</b> <b>OCALA, FL 34476</b>			7. Name and Address of New Registered Agent Name <i>MARK E. CASSE</i> Street Address (P.O. Box Number is Not Acceptable) <i>6650 SW 66th Street</i> City <i>Ocala</i> <b>FL</b> Zip Code <i>34476</i>		
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 <i>[Signature]</i> DATE <i>2/14/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSE, MARK E 6650 SW 66TH ST OCALA, FL 34476		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> DATE <i>2/14/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					