


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90146 006 \*\*\*\*50.00

<b>DOCUMENT # M03000004178</b>	
1. Entity Name <b>BAY CENTER I, LLC</b>	

Principal Place of Business <b>2390 EAST CAMELBACK ROAD, SUITE 210 PHOENIX, AZ 85016</b>	Mailing Address <b>2390 EAST CAMELBACK ROAD, SUITE 210 PHOENIX, AZ 85016</b>
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**24015839**

2. Principal Place of Business <b>3100 SMOKETREE COURT</b>	3. Mailing Address <b>3100 SMOKETREE COURT</b>
Suite, Apt. #, etc. <b>SUITE 600</b>	Suite, Apt. #, etc. <b>SUITE 600</b>
City & State <b>RALEIGH, NC</b>	City & State <b>RALEIGH, NC</b>
Zip <b>27604</b>	Country <b>USA</b>



02132004 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NATIONAL SAFE HARBOR EXCHANGES 2390 EAST CAMELBACK ROAD, SUITE 210 PHOENIX, AZ 85016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HIGHWOODS REALTY LIMITED PARTNERSHIP 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> 	<b>2/23/04</b>	<b>914-872-4924</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #