

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003050

**FILED**  
**Mar 26, 2005**  
**Secretary of State**

**Entity Name:** BAYSIDE MORTGAGE SOLUTIONS, LLC

**Current Principal Place of Business:**

8610 ROSWELL RD  
SUITE 900-229  
ATLANTA, GA 30350

**New Principal Place of Business:**

1623 LADORA DR.  
#201  
BRANDON, FL 33511 US

**Current Mailing Address:**

8610 ROSWELL RD  
SUITE 900-229  
ATLANTA, GA 30350

**New Mailing Address:**

235 W. BRANDON BLVD.  
SUITE 116  
BRANDON, FL 33511 US

**FEI Number:** 06-1718773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, WENDALL J  
1748 IVALEA CIR.  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

WILLIAMS, WENDALL J  
235 W. BRANDON BLVD.  
SUITE 116  
BRANDON, FL 33511 US

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.

SIGNATURE:

03/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WILLIAMS, WENDALL J  
Address: 8610 ROSWELL RD  
City-St-Zip: ATLANTA, GA 30350

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, WENDALL J  
Address: 235 W. BRANDON BLVD. SUITE 116  
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WENDALL J. WILLIAMS

MGR

03/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date