

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90026 018 \*\*\*138.75

60028933



04232008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M05000005556</b> 1. Entity Name <b>BAYSWATER DEVELOPMENT FLORIDA LLC</b>					
Principal Place of Business <b>3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960</b>			Mailing Address <b>3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960</b>		
2. Principal Place of Business - No P.O. Box # <b>2229 Falls Circle</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2229 Falls Circle</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach FL</b>		4. FEI Number <b>13-3398767</b>	
Zip <b>32967</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORTH, ANNABEL ESQ. 3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32967</b>			7. Name and Address of New Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hayes Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301-2506</b>		
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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR GRAND HARBOR MANAGEMENT LLC 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>4755 South Harbor Drive Vero Beach, FL 32967</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Patricia Iannotti</b> <b>Patricia Iannotti</b> <b>4/24/08 772-794-4390</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					