

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2008 90026 018 ***138.75

DOCUMENT # M05000005556
 1. Entity Name
BAYSWATER DEVELOPMENT FLORIDA LLC



Principal Place of Business Mailing Address
 3755 7TH TERRACE 3755 7TH TERRACE
 SUITE 301 SUITE 301
 VERO BEACH, FL 32960 VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2229 Falls Circle *2229 Falls Circle*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Vero Beach, FL *Vero Beach FL*
 Zip Country Zip Country
32967 *32967* *FL*

6. Name and Address of Current Registered Agent
 NORTH, ANNABEL ESQ.
 3755 7TH TERRACE
 SUITE 301
 VERO BEACH, FL 32967

60028933



04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 13-3398767 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: *Corporation Service Company*
 Street Address (P.O. Box Number is Not Acceptable): *1201 Hayes Street*
 City: *Tallahassee* FL Zip Code: *32301-2506*

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAND HARBOR MANAGEMENT LLC 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4755 South Harbor Drive</i> <i>Vero Beach, FL 32967</i>
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 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: *Patricia Iannotti* *Patricia Iannotti* *4/24/08* *772-794-4390*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #