


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M05000007031</b> 1. Entity Name <b>BAY PARK, LLC</b>	
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Principal Place of Business <b>650 WASHINGTON RD, SUITE 500 PITTSBURGH, PA 15228</b>	Mailing Address <b>650 WASHINGTON RD, SUITE 500 PITTSBURGH, PA 15228</b>
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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3885816</b>	Applied For 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**

**WARD, R. CARLTON ESQ  
1253 PARK STREET  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

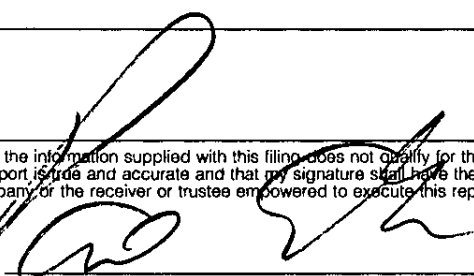
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, R. GORDON 650 WASHINGTON RD, SUITE 500 PITTSBURGH, PA 15228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIEBLER, PAUL E IV 10823 MAYFIELD RD #8 CHARDON, OH 44024
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U08000709504  
04/25/07-80005-019 50.00

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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:**       **4-10-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #