

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000147

Entity Name: BAYFOUR DESIGN LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

1617 INDUSTRIAL PARK CIRCLE
MOBILE, AL 36693

New Principal Place of Business:

1617 INDUSTRIAL PARK CIRCLE
MOBILE, AL 36693 US

Current Mailing Address:

1617 INDUSTRIAL PARK CIRCLE
MOBILE, AL 36693

New Mailing Address:

1617 INDUSTRIAL PARK CIRCLE
MOBILE, AL 36693 US

FEI Number: 73-1720888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIPHAM, BRUCE A
Address: 1617 INDUSTRIAL PARK CIRCLE
City-St-Zip: MOBILE, AL 36693

Title: MGRM () Delete
Name: WILSON, KENNETH E
Address: 1617 INDUSTRIAL PARK CIRCLE
City-St-Zip: MOBILE, AL 36693

Title: MGRM () Delete
Name: IVY, PAUL R
Address: 1617 INDUSTRIAL PARK CIRCLE
City-St-Zip: MOBILE, AL 36693

Title: MGRM () Delete
Name: STONE, MONTE B
Address: 1617 INDUSTRIAL PARK CIRCLE
City-St-Zip: MOBILE, AL 36693

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRUCE ALAN LIPHAM

MGRM

01/22/2009

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