

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90038 023 *****50.00

DOCUMENT # M94000000021

1. Entity Name

BAY POINTE LIMITED, L.L.C., L.C.



Principal Place of Business

P.O. BOX 27906
PANAMA CITY FL 32411

Mailing Address

P.O. BOX 27906
PANAMA CITY FL 32411

2. Principal Place of Business

PANAMA CITY FL

3. Mailing Address

PO Box 27906

Suite, Apt. #, etc.

3400 MARSHALL DR

Suite, Apt. #, etc.

City & State

PANAMA CITY

City & State

PANAMA CITY FL

Zip

32411

Country

USA

Zip

32411

Country

4. FEI Number

13-3747044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUGHES, J. ROBERT ESQ.
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCCORMICK, H T
STREET ADDRESS 3900 MARRIOTT DR., STE K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ASST MGR ☐ Delete
NAME W. F. SPANN
STREET ADDRESS 3900 MARRIOTT DR SUITE 88
CITY-ST-ZIP PANAMA CITY FL 32411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-5-5 850-235-6900