



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 041 \*\*\*\*50.00

<b>DOCUMENT # M99000000525</b>					
<b>1. Entity Name</b> BAYSWATER TAMPA BAY, LLC					
<b>Principal Place of Business</b> C/O BAYSWATER DEVELOPMENT LLC 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549			<b>Mailing Address</b> C/O BAYSWATER DEVELOPMENT LLC 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 13-4024794				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTENUCCI, ALBO J JR 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN SALDARELLI 100 South Bedford Road Mt Kisco, NY 10549
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDLAND, GARY 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, WILLIAM 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>John P. Saldarelli</i>				4/27/04 (914) 242-7700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	