2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M99000000525 1. Entity Name BAYSWATER TAMPA BAY, LLC							(05-03-20	004 901	40 041	****50.0	00
Principal Place of Business Mailing Address C/O BAYSWATER DEVELOPMENT LLC 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549 MT KISCO, NY 10549 MAIling Address C/O BAYSWATER DEVELO 100 SOUTH BEDFORD RO MT KISCO, NY 10549				RD ROAD	NT LLC		1 1 0 FIE B IZ 113	f iðlen endi ne	ier ma flic mm eej		P131 a 111 5 116 a1 a	क्षेत्रका हर क्ष्मा
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite. Apt. #, etc.				04272004	Chg-Li	_C	CR2E	083 (10/03)	
. City & State			City & State				4. FEI Numbe 13-402				— —	pplied For of Applicable
Zip	Zip Country		Zip	Country			5. Certificate				\$5.00 Ad Fee Require	
	6. Name an	d Address of Current	Registered Agent		Name		7. Name and	Address o	f New Re	gistered	Agent	
CORPOR	ATION SERV	ICE COMPANY			Name							
	'S STREET SSEE, FL 32	2301-2525		,	Street A	ddress (P.	O. Box Numbe	er is Not Ac	ceptable)		-	
·					City			/		FL	Zip Cod	le .
8. The above the obliga	e named entity su tions of registere	ibmits this statement for d agent.	r the purpose of changing	its registere	ed office o	r registered	d agent, or bot	h, in the Sta	ate of Flori	ida. I am	familiar with.	and accept
SIGNATURE	Signature, typed or pr	inted name of registered agent a	and title if applicable. (N	OTE: Registered	Agent signat	ure required wh	nen reinstating)			DATE		
		Filing Fee is \$50.00 Due by May 1, 2004										
F	iling Fee is \$	50.00 , 2004		,							ayable to ent of Stat	e
F D	iling Fee is \$ ue by May 1	50.00 , 2004 MANAGING MEMBE	RS/MANAGERS	10.				ADD		Departm	ent of Stat	e
7 9	lling Fee is the by May 1	, 2004 MANAGING MEMBE	RS/MANAGERS Ø Delete	TITLE		HGR			Florida	Departm	ent of Stat	e
P. 9	MGR ANTENUCCI 100 SOUTH	MANAGING MEMBE ALBO J JR BEDFORD ROAD		TITLE NAME STREE	ET ADDRESS	JOHN	SALDA South Be	RELL diord	Florida ITIONS/C I Road	Departm	Change	
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P. 9	MGR ANTENUCCI 100 SOUTH	MANAGING MEMBE ALBO J JR BEDFORD ROAD JY 10549		TITLE NAME STREE	ET ADDRESS ST-ZIP	JOHN	SALDA South Be	RELL diord	Florida ITIONS/C I Road	Departm	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR ANTENUCCI 100 SOUTH I MT KISCO, N MGR FRIEDLAND,	MANAGING MEMBE ALBO J JR BEDFORD ROAD JY 10549	⊠ Delate	TITLE NAME STREI CITY- TITLE NAME	ET ADDRESS ST-ZIP	JOHN	SALDA South Be	RELL diord	Florida ITIONS/C I Road	Departm	Change	Addition
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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: 412104 (914) 242-7700

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

Day: Day: Day: Phone *