


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M99000000525 1. Entity Name BAYSWATER TAMPA BAY, LLC |  |
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| Principal Place of Business C/O BAYSWATER DEVELOPMENT LLC 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549 | Mailing Address C/O BAYSWATER DEVELOPMENT LLC 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549 |
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03312005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 13-4024794 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SALDARELLI, JOHN 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BURKE, WILLIAM 100 SOUTH BEDFORD ROAD MT KISCO, NY 10549 |
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| <p>U00000298544 04/11/05-80112-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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)(f), 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: <i>John P. Saldarelli</i> Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 4/4/05 (914) 242-7700 <small>Date Daytime Phone #</small> |
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