2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000139022 Entity Name BAYMEADOWS LODGING, INC.



Di (Tivilla) (I	33773 2333 (113)								
Principal Place of Business 1375 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		Mailing Address 1375 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			40028030				
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
2. Timopari lace of business. No F.o. Box #		o. Walling / Isas/ssa				DOVER BIND DOWN BRINE BRID		TITE BYING HAIS FIR	11001 11 FO DI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007	Chg-P	CR2EC	034 (12/06)		
City & State		City & State		4. FEI Numbe	20-59564	+44		plied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent	
HEEKIN, DAVID J ESQ.			Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 8	METER PARK BOULEVARD			Street Address (P.O. Box Numb	er is Not Acceptable	·) 		
JACKSON'	VILLE, FL 32216			City			FL	Zip Code	e
8. The above	named entity submits this statement for	r the purpose of changing i	ts register	ed office or register	red agent, or bo	th, in the State of Flo		familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent	d Agent signature required	f when reinstitting)		DATE				
		8 Floris 0			•				
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.	9. Election Camp Trust Fund Co	-		.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD DARAC JAVERU	Delete	TITL	l				Change	☐ Addition
NAME STREET ADDRESS	PARAG, JAYESH 1375 SOUTH THIRD STREET		NAM STRE	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	VPD	☐ Delete	TITL	E				☐ Change	Addition
NAME CYPTET ADDRESS	PATEL, ASHISH		NAM	- I					
STREET ADDRESS CITY-ST-ZIP	1375 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32	250		ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	ווו					☐ Change	Addition
NAME			NAM	Æ				_ ,	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-Zip					
TITLE		☐ Delete	DIE					☐ Change	☐ Addition
NAME		C Delete	NAM	I				☐ Change	☐ Accilion
STREET ADDRESS			STRI	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-2IP					
TITLE		☐ Delete	TITL	I				☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	BTL					☐ Change	Addition
NAME			NAN	IE .					== '
STREET ADDRESS	· -			ET ADDRESS					
CITY-ST-ZIP	eartify that the information numbled with	this filing does got qualify	for the	-ST-ZIP	die Chester 110	3 Florida Statutan I	fuether co.	erif , the at the co	-t

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tulistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)254-4405