

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

FILED
Apr 27, 2009
Secretary of State

Entity Name: BAY POINTE APARTMENTS, LLC

Current Principal Place of Business:

611 SOUTH 12TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 492228
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-2345948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGALSKI, DAVID
611 SOUTH 12TH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MAGALSKI, DAVID
Address: 613 S 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: VPT () Delete
Name: MAGALSKI, BARBARA
Address: 613 S 12TH STREET
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA MAGALSKI

PRES

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date