


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L03000015259</b> 1. Entity Name <b>BATH CLUB REALTY, LLC.</b>			
Principal Place of Business <b>550 BILTMORE WAY, STE. 970 CORAL GABLES FL 33134</b>		Mailing Address <b>550 BILTMORE WAY, STE. 970 CORAL GABLES FL 33134</b>	
2. Principal Place of Business Suite, Apt. #. etc.		3. Mailing Address Suite, Apt. #. etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2004 APR 26 P 1:11



MOORE CR2E083 (11/03)

4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST, STE 2900 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER PEEBLES, R. DONAHUE 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
		DU MARLOF, RICHARD 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
		DU GASKELL, JUDITH 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
		<del>PEEBLES, R. DONAHUE</del> <del>550 BILTMORE WAY, SUITE 970</del> <del>CORAL GABLES, FL 33134</del>	<input type="checkbox"/> Addition
		100035770371 05/07/04--01080--003 **422.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #