

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079924

Entity Name: BA INVESTMENTS, LLC

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

1901 HARRISON STREET
SUITE 7
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1901 HARRISON STREET
SUITE 7
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 56-2495168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELEN, GASTON F
1901 HARRISON ST
STE 7
HOLLYWOOD, FL 33020 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: MGRM () Delete
Name: BELEN, GASTON F
Address: 4301 SW 160 AVE APT 103
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM () Delete
Name: SUJOY, IVAN
Address: 2501 NE 48 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM () Delete
Name: VACA NARVAJA, JORGE L
Address: 9183 NW 40 PL
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SUJOY, IVAN
Address: 5504 COURTNEY CIR
City-St-Zip: BOYNTON BEACH, FL 33437 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GASTON BELEN

MGRM

04/14/2007

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