


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000109085</b> 1. Entity Name BAILES PLACE, LLC	
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Principal Place of Business 230 PALERMO AVENUE CORAL GABLES, FL 33134	Mailing Address 230 PALERMO AVENUE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



02042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3763014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KORGE, THOMAS J  
230 PALERMO AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE  
03/12/08-80014-004 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORGE, CHRISTOPHER G 230 PALERMO AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCETON ASSOCIATES, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134
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11. 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 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:** Thomas J. Korge *Authorized Representative* (305) 444-5601

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