

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000496

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** ERIN BAY ASSOCIATES, LLC

**Current Principal Place of Business:**

90 NW 164TH STREET  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

90 NW 164TH STREET  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0774668      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE YUEN, LESLEY ANN  
90 NW 164TH STREET  
NORTH MIAMI BEACH, FL 33169      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: MGR      ( ) Delete  
Name: LEE YUEN, LESLEY ANN  
Address: 90 NW 164TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: MGR      ( ) Delete  
Name: GRAHAM, ADAM C  
Address: 90 NW 164TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

**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 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: LESLEY ANN LEE YUEN

MGR

01/08/2007

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