

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005257

1. Entity Name
BAI INVESTMENTS, L.L.C.



Principal Place of Business
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632

Mailing Address
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632



01072004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1038814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANKS, DAVID P
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632

**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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BANKS ASSOCIATES, INC.
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 334427632

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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01/26/04-80070-011 50.00

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:

David P. Banks
PRES OF BANKS ASSOCIATES, INC.

1/22/04 954.480.2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #