## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2005 08:00 AM DOCUMENT # L99000005257 **Secretary of State** 1. Entity Name BAI INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 1211 SOUTH MILITARY TRAIL 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-7632 DEERFIELD BEACH FL 33442-7632 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 34-1038814 Not Applicat ' Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANKS, DAVID P Street Address (P.O. Box Number is Not Acceptable) 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-7632 City 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. (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, 2005 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Addin. HILE Change ☐ Delete NAME BANKS ASSOCIATES, INC. NAME STREET ADDRESS STREET ADDRESS 1211 SOUTH MILITARY TRAIL CHY-SI-ZiP DEERFIELD BEACH FL 33442-7632 Cri / - ST - 70P HILE ☐ Change Arkiiii Title Delete U00000202607 NAME NAME 01/28/05-80109-019 50.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CHY.SC-7/P A.4.111 BILE ☐ Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZiP CHY-SI-ZIP THLE Change And the Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-MP CH1Y-S1-7/P TELL F Delete TITLE ☐ Change Add." NAME NAME STREET ADDRESS STREET ADDRESS Cally ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change NAME MAME STREET ADDRESS STREET ACORESS CATY-ST-ZIP CITY ST-78 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

P. BANKS, PRES OF BENKS

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