2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT # L05000062497 01-17-2006 90060 029 ****50.00 1. Entity Name 515 BAY LANE, LLC Principal Place of Business Mailing Address **........** 104 CRANDON BLVD., SUITE 315 104 CRANDON BLVD., SUITE 315 400° KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4 FEI Number 20-3/3/23 Not Applicable Zip Ζiρ 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 GINETTE OROZCO ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 527 B/2-City Le BIS CALLE 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! Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE Channe ☐ Addition OROZCO, GINETTE NAME NAME 104 CRANDON BLVD., SUITE 315 STREET ADDRESS STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE C Delete TITLE Change Addition MORENO FERNAUSO ORENO, FERNANDO HAME KALE 104 CRAUDON BLUB, SHITE 315 104 CRANDON BLVD., SUITE 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP F1. 33 199 TITLE Deteta MUE ☐ Chance ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP -_ _ Change __ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition C Delete TITLE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY-ST-7/P 11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify 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. Jan 12/05

FILED Feb 13, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

515 BAY LANE, LLC 104 CRANDON BLVD., SUITE 315 KEY BISCAYNE, FL 33149

Subject: 515 BAY LANE, LLC

Reference Number:

L05000062497

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION