

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90029 033 ****50.00

DOCUMENT # L05000053773

1. Entity Name
BETA BAY INVESTMENTS, LLC



Principal Place of Business
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

Mailing Address
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

2. Principal Place of Business
782 Le Jeune Rd
Suite, Apt. #, etc.
650

3. Mailing Address
782 Le Jeune Rd
Suite, Apt. #, etc.
650

City & State
Miami Florida
Zip
33126
Country

City & State
Miami Florida
Zip
33126
Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3205749
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT ALLEN LAW
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (R.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PATRONE, ALFREDO	
STREET ADDRESS	1441 BRICKELL AVE, SUITE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

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

4/17/06

305 4422470

Date

Daytime Phone #