2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 09, 2006 08:00 AM Secretary of State

DOCUMENT	#1	_ଉଉଉଉ_	000	23	07
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1. Entity Name 3000 BAYVIEW DRIVE INVESTORS, L.L.C.



Principal Place of Business

3000 BAYVIEW DR. FT. LAUDERDALE, FL 33306 Mailing Address

3000 BAYVIEW DR.

FT. LAUDERDALE, FL 33306



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1030258

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BLUMBERG, KALMAN D 3000 BAYVIEW DR. FT. LAUDERDALE, FL 33306

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8. The above the obliga	a named entity submits this statement for the purpose of char strong of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printeg name of registered agent and title if epolicable	'(NOTE: Registered Agent signature required when /sinstating)				
	अविश्वालक, प्रेरेक्ट के विश्वासक प्रश्नाक के उद्देशशास्त्रक इंग्रे टन बार्ड साम्र प्र स्कृतिस्थाल	(MOTIC Registered Agent signature required which reinstating)	DATE			
F	iling Fee Is \$50.00 lue by May 1, 2006	~				
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM BLUMBERG, KALMAN D 3000 BAYVIEW DR. FT. LAUDERDALE, FL 33306		UNNONN451881 U3/21/06-80012-016 150.00			
TYPLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTOR, JEFFREY B 3000 BAYVIEW DR. FT. LAUDERDALE, FL 33306					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE			
TITLE NAME SIREE) ADDRESS CITY-ST-ZIP						
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11. I hereby certify that the information supplied with this filling does not quality 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

3/7/06

Daytime Phone 9