


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009345

1. Entity Name
BIRD BAY INVESTMENTS, LLC



| | |
|---|---|
| Principal Place of Business C/O SIONA HAYOUN 506 SOUTH DIXIE HWY HALLANDALE, FL 33009 | Mailing Address C/O SIONA HAYOUN 506 SOUTH DIXIE HWY HALLANDALE, FL 33009 |
|---|---|



03312006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-1025695 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J
 20803 BISCAYNE BLVD
 SUITE 301
 AVENTURA, FL 33180**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

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

L00000499800
 04/24/06-80044-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAYOUN, SIONA 506 S DIXIE HWY HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

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  **SIONA HAYOUN** 4/10/06 (954)455-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #