

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 007 ****50.00

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DOCUMENT # L01000005240 1. Entity Name BAY HARBOUR DEVELOPMENT L.L.C.			
Principal Place of Business 101 GULFVIEW DR. ISLAMORADA, FL 33036		Mailing Address 101 GULFVIEW DR. ISLAMORADA, FL 33036	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/o Stewart Mirmelli 100 SE 2nd Street Suite, Apt. #, etc. Suite 2650 City & State Miami, Florida Zip Country 33131 USA	
4. FEI Number 65-1124568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRMELLI, DEIRDRE 101 GULFVIEW DR. ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name Stewart M. Mirmelli, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite 2650 City State Zip Code Miami FL 33131	
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 STEWART MIRMELLI DATE 4-19-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRMELLI, STEVEN 101 GULFVIEW DR. ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Martin Watts 100 South Pointe Drive, #1505 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRMELLI, DEIRDREE 250 NORTH HIBISCUS DR. MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Deirdre Mirmelli 250 N. Hibiscus Drive Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOINER, MARI 322 MAHOGANY DR KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sean Mirmelli 250 N. Hibiscus Dr., Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Date 4/19/04 Daytime Phone # (305) 379-6424	