

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005240**

1. Entity Name  
BAY HARBOUR DEVELOPMENT L.L.C.



Principal Place of Business  
101 GULFVIEW DR.  
ISLAMORADA, FL 33036

Mailing Address  
100 SE 2ND STREET STE 2650  
MIAMI, FL 33131



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1124568

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MIRMELLI, STEWART M ESQ.  
100 SE 2ND STREET STE 2650  
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	WATTS, MARTIN
STREET ADDRESS	100 SE 2ND STREET STE 2650
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	MIRMELLI, DEIRDREE
STREET ADDRESS	250 NORTH HIBISCUS DR.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	MGR
NAME	MIRMELLI, SEAN
STREET ADDRESS	250 N HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000315159  
04/19/05-80022-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Deirdre Mirmelli* DEIRDRE MIRMELLI

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

*March 7<sup>th</sup> 05* (305) 336-3335

Date

Daytime Phone #