2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005240

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

FILED
08 JAN 29 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
101 GULFVIEW DR. ISLAMORADA, FL 33036	ALHAMBRA TOWERS, 121 ALHAMBRA PLAZA FLOOR 10 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

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

ROGEL, DAVID H ESQ.
ALHAMBRA TOWERS, 121 ALAMBRA PLAZA
FLOOR 10
CORAL GABLES, FL 33134

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

600115414916
01/17/08--01042--001 **138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WATTS, MARTIN
STREET ADDRESS	1415 20 STREET, UNIT 103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	MIRMELLI, DEIRDRE
STREET ADDRESS	1415 20 ST, UNIT 103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	MIRMELLI, SEAN
STREET ADDRESS	1415 20 ST, UNIT 103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Deirdre Mirmelli Jan 8. 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #