2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013583

1. Entity Name
BAHA FLORIDA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
54 CALLE MARBELLA PENSACOLA BEACH, FL 32561	54 CALLE MARBELLA PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SPACE

03242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3739626
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIGGS, JUNE M
54 CALLE MARBELLA
PENSACOLA BEACH, FL 32561

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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: June M Biggs 3-24-06
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, 2006

100000483154
04/11/06-80105-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BIGGS, KEITH H
STREET ADDRESS	54 CALLE MARBELLA
CITY-ST-ZIP	PENSACOLA, FL 32561
TITLE	MGRM
NAME	HSU, PAUL S
STREET ADDRESS	819 CHOCTAW LANE
CITY-ST-ZIP	SHALIMAR, FL 32579
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	

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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 605, Florida Statutes.

SIGNATURE: Keith Biggs 3-24-06 (850) 982-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #