



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90209 046 ****50.00

DOCUMENT # L01000013583					
1. Entity Name BAHA FLORIDA INVESTMENTS, LLC					
Principal Place of Business 54 CALLE MARBELLA PENSACOLA BEACH, FL 32561			Mailing Address 54 CALLE MARBELLA PENSACOLA BEACH, FL 32561		
2. Principal Place of Business - No P.O. Box # 418 N. Sunset Blvd		3. Mailing Address 418 N. Sunset Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007 Chg-LLC CR2E083 (12/06)	
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 59-3739626	
Zip 32561		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIGGS, JUNE M 54 CALLE MARBELLA PENSACOLA BEACH, FL 32561			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 418 N. Sunset Blvd		
			City Gulf Breeze, FL Zip Code 32561		
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 <i>[Signature]</i>				DATE 3/9/07	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIGGS, KEITH H 54 CALLE MARBELLA PENSACOLA, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HSU, PAUL S 819 CHOCTAW LANE SHALIMAR, FL 32579	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>				Date 3/9/07 Daytime Phone # (850) 988-4718	
Signature and typed or printed name of signing managing member, manager, or authorized representative					