

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90077 040 ****50.00

DOCUMENT # L01000021816

1. Entity Name
BAY HARBOR TOWER, L.L.C.



Principal Place of Business
9241 E BAY HARBER DR
BAY HARBOR ISLAND, FL 33154

Mailing Address
2875 N.E. 191ST STREET
SUITE 400A
AVENTURA, FL 33180

20035011



2. Principal Place of Business

2875 NE 191st Street
Suite, Apt. #, etc.
300

3. Mailing Address

2875 NE 191st Street
Suite, Apt. #, etc.
300

03282005 Chg-LLC CR2E083 (10/03)

City & State

Aventura Florida

City & State

Aventura Florida

4. FEI Number

65-1159822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

33180

Country

USA

Zip

33180

Country

USA

6. Name and Address of Current Registered Agent

SERBER, DANIEL J
2875 N.E. 191ST STREET
SUITE 801
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete
NAME WEINSTEIN, RICARDO
STREET ADDRESS 2875 NE 191 ST. 400 A
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D ☐ Delete
NAME DJMAL, RICARDO
STREET ADDRESS 2875 NE 191ST STE. 400 A
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

R. Ojama 04/11/05 (205) 925-6841