


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 028 ****50.00

DOCUMENT # L01000021816 1. Entity Name BAY HARBOR TOWER, L.L.C.			
Principal Place of Business 2875 NE 191ST STREET SUITE 300 AVENTURA, FL 33180		Mailing Address 2875 NE 191ST STREET SUITE 300 AVENTURA, FL 33180	
2. Principal Place of Business 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA		3. Mailing Address 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA	
4. FEI Number 65-1159822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, RICARDO 2875 NE 191 ST. 400 A AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 N.E. 191st. Suite 300 Aventura, FL. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DJMAL, RICARDO 2875 NE 191ST STE. 400 A AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 N.E. 191st. Suite 300 Aventura, FL. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]		RICARDO DJMAL (DIRECTOR)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/24/06 305 935 6955	

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