


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000002265 1. Entity Name BAA INVESTMENTS, LLC	
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Principal Place of Business 606 BALD EAGLE DRIVE SUITE 200 MARCO ISLAND, FL 34145	Mailing Address 606 BALD EAGLE DRIVE SUITE 200 MARCO ISLAND, FL 34145
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08282008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0586886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHULZE, HERMANN J
606 BALD EAGLE DRIVE
SUITE 200
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958986
03/04/08-80001-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULZE, HERMANN 606 BALD EAGLE DRIVE MARCO ISLAND, FL 34145
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IN THIS SPACE**

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

Date _____ Daytime Phone # _____