## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L02000004205**

1. Entity Name

BAL BAY MANAGEMENT, LLC.



Principal Place of Business

Mailing Address

2200 EAST 4TH AVENUE HIALEAH, FL 33011 US

2200 EAST 4TH AVENUE HIALEAH, FL 33011 US

## **FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90089 003 \*\*\*\*55.00



01062005 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E083 (10/03)

**NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

2200 EAST 4TH AVENUE

BRUNETTI, STSEPHENT STEPHEN HIALEAH, FL 33011

## 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 Flori	ida. I am familiar with, and accept
the obligations of registered agent.	\ ```\	/ /

SIGNATURE

4/28/05

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	2:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J SR. 2200 EAST 4TH AVENUE HIALEAH, FL 33011 MGRM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J JR. 2200 EAST 4TH AVENUE HIALEAH, FL 33011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, STEPHEN P 2200 EAST 4TH AVENUE HIALEAH, FL 33011	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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