


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 028 ****55.00

DOCUMENT # L02000004205	
1. Entity Name BAL BAY MANAGEMENT, LLC.	

Principal Place of Business 2200 EAST 4TH AVENUE HIALEAH, FL 33011 US	Mailing Address 2200 EAST 4TH AVENUE HIALEAH, FL 33011 US
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2. Principal Place of Business	3. Mailing Address PO Box 158
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33011	Country USA

03242006 Chg-LLC CR2E083 (11/05)


4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUNETTI, STEPHEN P 2200 EAST 4TH AVENUE HIALEAH, FL 33011	
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7. Name and Address of New Registered Agent Name Stephen P. Brunetti	
Street Address (P.O. Box Number is Not Acceptable) 2200 East 4 Avenue	
City Hialeah	FL Zip Code 33011

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.

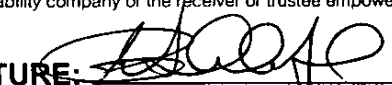
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**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	MGRM BRUNETTI, JOHN J SR. 2200 EAST 4TH AVENUE HIALEAH, FL 33011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J JR. 2200 EAST 4TH AVENUE HIALEAH, FL 33011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, STEPHEN P 2200 EAST 4TH AVENUE HIALEAH, FL 33011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  **4/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #