2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009027

1. Entity Name
PADC/BATH CLUB HOLDINGS, LLC

Principal Place of Business

CORAL GABLES, FL 33134

550 BILTMORE WAY

SIGNATURE:

SUITE 970

Mailing Address

550 BILTMORE WAY SUITE 970

CORAL GABLES, FL 33134

FILED May 12, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

05042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0663738

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND ST., STE. 3500 MIAMI, FL 33131

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	named entity submits this statement for the purpose of char- ions of registered agent.	nging its registered office or registered agent, or bo	oth, In the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE
Fil Due l	ling Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEEBLES, R.D. 550 BILTMORE WAY CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UDD000564138 05/20/06-80046-004 100.00
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE