
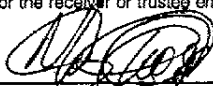


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015687</b>		
1. Entity Name B.A. ANTIQUES, LLC		
Principal Place of Business 36 N.E. 1 STREET 644 MIAMI, FL 33132		Mailing Address 780 NW 42 AVE 416 MIAMI, FL 33126
<b>DO NOT WRITE IN THIS SPACE</b>		
		01062006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 03-0456346		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  CORDOVA, ANGEL D 780 N.W. 42ND AVE., #416 MIAMI, FL 33126		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
U00000404218 02/06/06 80036-022 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPARIAN, MGIRDISH 7775 S.W. 145 STREET MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALSTIAN, MARTIROS 7775 S.W. 145 STREET MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: X 		MGIRDISH KASPARIAN, MGR 01/06/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>