2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000015687

1.. Entity Name
B.A. ANTIQUES, LLC

Principal Place of Business	Mailing Address
36 N.E. 1 STREET 644 MIAMI, FL 33132	780 NW 42 AVE 416 MIAMI, FL 33126

01052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
03-0456346	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

CORDOVA, ANGEL D
780 N.W. 42ND AVE., #416
MIAMI, FL 33126

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2007**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KASPARIAN, MGIRDISH
STREET ADDRESS	7775 S.W. 145 STREET
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	MGR
NAME	GALSTIAN, MARTIROS
STREET ADDRESS	7775 S.W. 145 STREET
CITY-ST-ZIP	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	

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05/16/07-80019-017 50.00

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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 1/08/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #