

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000019730</b> 1. Entity Name NORTH BAY ROAD INVESTMENTS, LLC	
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Principal Place of Business C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME 825 THIRD AVE. NEW YORK, NY 10022	Mailing Address C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME 825 THIRD AVE NEW YORK, NY 10022
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**DO NOT WRITE IN THIS SPACE**



07152008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 22-3887358	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

LAW OFFICE OF CARLOS A. ROMERO, JR., PA  
 3195 PONCE DE LEON BLVD STE 400  
 CORAL GABLES, FL 33134

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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPOLL, NIDIA C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME NEW YORK, NY 10022
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U00000957342  
 08/08/08-80004-019 538.75

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