2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000021698

1. Entity Name BALIWOOD LLC

Principal Place of Business

18151 NE 31ST CT. PH-211 AVENTURA, FL 33160 Mailing Address

18151 NE 31ST CT. PH-211

AVENTURA, FL 33160





07272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
06-1646980	Not Applica	ble
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALVAREZ, CARLOS 18151 NE 31ST CT. PH-211 AVENTURA, FL 33160

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	Filing Fee is \$50.00 Due by September 14, 2007					
SIC	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
910	SNATURE					
	the above named entity submits this statement for the purpose of cha the obligations of registered agent.	inging its registered office or registered agent, or both, in t	ne State of Florida. I am familiar with, and accept			

ITILE NAME ALVAREZ, CARLOS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBERS/MANAGERS
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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.

/s/: Carlos Alvarez, MGR

07/27/2007

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT :

ORDER DATE: July 27, 2007

ORDER TIME : 11:03 AM

ORDER NO. : 029549-005

CUSTOMER NO: 7564261

## ANNUAL REPORT FILING

NAME: BALIWOOD LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath-EXT#2955

EXAMINER'S INITIALS:

Dease File ASAPI

Thank 400!!