

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027101

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** NORTH BAY VILLAGE ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

7950 N.W. 155 STREET, #104  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

6450 W 21 COURT  
SUITE 301  
HIALEAH, FL 33016

**Current Mailing Address:**

7950 N.W. 155 STREET, #104  
MIAMI LAKES, FL 33016

**New Mailing Address:**

6450 W 21 COURT  
SUITE 301  
HIALEAH, FL 33016

FEI Number: 81-0574103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DELGADO, OSCAR J  
6001 N.W. 153RD ST., SUITE "E"  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

DELGADO, OSCAR J  
6450 W 21 COURT  
SUITE 301  
HIALEAH, FL 33016 US

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.

SIGNATURE: \_\_\_\_\_

04/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DELGADO, OSCAR J  
Address: 6001 N.W. 153RD STREET, SUITE  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELGADO, OSCAR J  
Address: 6450 W 21 COURT #301  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR J. DELGADO

MGR

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date