


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90060 010 ****50.00

DOCUMENT # L02000027786 1. Entity Name BAK LLC	
--	---

Principal Place of Business 251 ATLANTIC ISLE SUNNY ISLES FL 33160	Mailing Address 251 ATLANTIC ISLE SUNNY ISLES FL 33160
--	--

20004141



1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 14-1863862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLLAND, PAULINE M 251 ATLANTIC ISLE NORTH MIAMI BEACH FL 33160	7. Name and Address of New Registered Agent Name <u>251 Atlantic Isle</u> Street Address (P.O. Box Number is Not Acceptable) <u>Sunny Isles Beach Fl</u> City FL Zip Code <u>33160</u>
---	---

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	HOLLAND, PAULINE	<input type="checkbox"/>
STREET ADDRESS	251 ATLANTIC ISLE	
CITY-ST-ZIP	SUNNY ISLE BEACH FL 33160	

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Pauline Holland 1/26/05 305-945-8488
305-609-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #