


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027786</b> 1. Entity Name <b>BAK LLC</b>	
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Principal Place of Business <b>251 ATLANTIC ISLE SUNNY ISLES FL 33160</b>	Mailing Address <b>251 ATLANTIC ISLE SUNNY ISLES FL 33160</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>14-1863862</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
Zip	Country	Zip
Country	Country	1st MOORE CR2E083 (10/05)

**5. Name and Address of Current Registered Agent**

**HOLLAND, PAULINE M  
251 ATLANTIC ISLE  
SUNNY ISLES BEACH FL 33160**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>HOLLAND, PAULINE</b>	
STREET ADDRESS	<b>251 ATLANTIC ISLE</b>	<b>000000436058</b>
CITY-ST-ZIP	<b>SUNNY ISLE BEACH FL 33160</b>	<b>02/27/06-80022-006 50.00</b>
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Pauline M Holland* 2/14/06 305-609-3467