


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90196 006 \*\*\*\*50.00

<b>DOCUMENT # L02000032847</b>	
1. Entity Name <b>955 BAY DRIVE LLC</b>	

Principal Place of Business <b>18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b>	Mailing Address <b>18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b>
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2. Principal Place of Business - No P.O. Box # <b>9577 HARDING AVE</b>	3. Mailing Address <b>9577 HARDING AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SURFSIDE FL 33154</b>	City & State <b>SURFSIDE FL</b>
Zip <b>33154</b>	Country

**60016343**



02092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b>		7. Name and Address of New Registered Agent Name <b>GLEIZER, HERNAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9577 HARDING AVE</b> City <b>SURFSIDE</b> <b>FL</b> Zip Code <b>33154</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ALPERN, FERNANDO 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ALPERN, FERNANDO 9577 HARDING AVE SURFSIDE FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **Feb-15-07 305-865-0977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #