2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000001176

1. Entity Name BACHA PROPERTIES, LLC



Principal Place of Business

5871 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 Mailing Address

5871 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228

FILED Feb 11, 2008 8:00 am Secretary of State

02-11-2008 90136 022 ***138.75



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 42-1624840 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, BARBARA J 5871 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

LONGBOAT KEY, FL 34228		,	IN THIS SPACE	
	e named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required v	when reinstating) DATE	
FILE After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, BARBARA J 5871 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		- · · -	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS			•	

11. I hereby certify that the information supplied with this lifting 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 paceuver or prostee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

IGNATURAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #