2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000005300

1. Entity Name
BAHIA HONDA REAL ESTATE INVESTMENTS I, L.L.C.

Principal Place of Business	Mailing Address
% 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	% 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175

06292005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4000 Ponce de Leon Blvd.	4000 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite 770	Suite, Apt. #, etc. Suite 770
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number
41-2079482

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	Name A.H. Lo, as P.A. Street Address (P.O. Box Number is Not Acceptable) 1985 NW 80 Court Suite 201 City Miami FL Zip Code 33172

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

Filing Fee is $50.00 **Due by September 7, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME ADRIAN REAL ESTATE INVESTMENTS I, INC. STREET ADDRESS 2450 SW 137TH AVE., SUITE 228 CITY-ST-ZIP MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS 4000 Ponce de Leon Blvd. #770 CITY-ST-ZIP Coral Gables, FL 33146	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100059543331 09/12/05--01068--009 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #