

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 27 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000008875 1. Entity Name BAL BAY DEVELOPMENT, LLC					
Principal Place of Business 2200 EAST 4TH AVENUE HIALEAH, FL 33010			Mailing Address PO BOX 158 HIALEAH, FL 33011		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10252004 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number 30-0153628	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRUNETTI, STEPHEN P				Name	
2200 EAST 4TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)	
HIALEAH, FL 33010					
				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John J. Brunetti, Sr.		NAME		
STREET ADDRESS	2200 E. 4th Avenue		STREET ADDRESS	700043651477	
CITY-ST-ZIP	Hialeah, FL 33011		CITY-ST-ZIP	12/27/04--01088--002 **155.00	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John J. Brunetti, Jr.		NAME		
STREET ADDRESS	2200 E. 4th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL 33011		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Stephen P. Brunetti		NAME		
STREET ADDRESS	2200 E. 4th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL 33011		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			10/26/04 305-885-8000		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		