

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90040 001 ****55.00

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**

DO NOT WRITE IN THIS SPACE



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0153628

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUNETTI, STEPHEN P
2200 EAST 4TH AVENUE
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRUNETTI, JOHN J SR.
2200 EAST 4TH AVENUE
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRUNETTI, JOHN J JR.
2200 EAST 4TH AVENUE
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRUNETTI, STEPHEN P
2200 EAST 4TH AVENUE
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/07

305 885-8000