


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 010 ****50.00

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| DOCUMENT # L03000015650 |  |
| 1. Entity Name BAYVIEW CONCEPT LLC | |

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| Principal Place of Business 4201 BAY POINT ROAD MIAMI, FL 33137 US | Mailing Address 4201 BAY POINT ROAD MIAMI, FL 33137 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 848 BRICKELL Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 830 |
| City & State | City & State Miami, FL |
| Zip | Country USA |



02072007 Chg-LLC CR2E083 (12/06)

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|--|---|
| 6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ 848 BRICKELL AVE., STE. 830 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JOURDAN, STEPHANIE 6491 ALLISON RD MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSENBERG, MICHEL 6491 ALLISON RD MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSENBERG, FATES 6491 ALLISON RD MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Fatos Rosenberg **3/5/07** **(305) 374-4422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #