

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/6/2

FILED
May 20, 2004 8:00 am
Secretary of State

05-06-2004 90003 030 ****55.00

DOCUMENT # L03000016322 1. Entity Name BAL BAY LEASING, LLC.					
Principal Place of Business 2200 EAST 4TH AVENUE HIALEAH, FL 33011 US			Mailing Address P.O. BOX 158 HIALEAH, FL 33011 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0020537	
Zip		Country		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 2200 EAST 4TH AVENUE HIALEAH, FL 33011				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____					
Filing Fee is \$50.00 Due by May 1, 2004				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	BRUNETTI, JOHN J SR.		NAME		
STREET ADDRESS	P.O. BOX 158		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	BRUNETTI, JOHN J JR.		NAME		
STREET ADDRESS	P.O. BOX 158		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	BRUNETTI, STEPHEN P		NAME		
STREET ADDRESS	P.O. BOX 158		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		
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		
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:			Date 4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone 305 885-8000		