5/6/2

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

DOCUMENT # L03000016322 1. Entity Name BAL BAY LEASING, LLC.						05-06-200	04 90003 030) ****55.(00
Principal Place of Business Mailing Address					34006913				
2200 EAST 4TH AVENUE		P.O. BOX 158		•) '	of Control			
HIALEAH, FL	33011 US	HIALEAH, FL 33011		1	Se Gel				
1						FIT ATTITA KUR ANTA OTRIŬ BŪJU DRIŬI	ATTE BOXES NOT HELD AT	RUI XI IDU	
2. Principal Place of Business		3. Mailing Address			THE CONTROL OF LICENSE AND A LOCAL RANGE AND A CONTROL HAS BEEN A CONTROL AND A CONTROL OF THE C				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292004	04292004 Chg-LLC CR2E083 (10/03)			
· City & State		City & State ,			20-0020537 Applied For Not Applicable				
Zip	Country	Zip	Coun		S. Certificate of Status Desired			itional	
	6. Name and Address of Current	Registered Agent		L	7. Name ar	d Address of New Regist			•
		-	_	Name	-	-	•		
2200 EAST	I, STEPHEN P I 4TH AVENUE	-		Street Address	(P.O. Box Num	(P.O. Box Number is Not Acceptable)			
HIALEAH,	FL 33011							-	
]				City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or regis	tered agent, or b	oth, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if equilicable. (NOT	E: Registere	d Agent signature requi	ned when minutating)		DATE		i.
Filing Fee is \$50.00 Due by May 1, 2004							eck payable to partment of Stat	•	į.
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CHA	NGES		l l
TITLE	MGRM	☐ Delete	TITU				Change	() Addition	
NAME	BRUNETTI, JOHN J SR.		NAM	- 1				1	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 158 HIALEAH, FL 33011			ET ADORESS - ST-ZIP				Ì	i
time	MGRM	☐ Deleta	Im				Change	Addition	
NAME	BRUNETTI, JOHN J JR.		NAM				C) Glange		ı
STREET ADDRESS	P.O. BOX 158			ET ADDRESS				ļ	
CITY-S1-ZIP	HIALEAH, FL 33011			-ST-ZIP					,
TITLE	MGRM BRUNETTI, STEPHEN P	☐ Delete	TITL	1			Change	Addition	
STREET ADDRESS	P.O. BOX 158			ET ADORESS		÷		ĺ	
CITY-SI-ZIP	HIALEAH, FL 33011		1	-ST-ZIP				′	
TITLE		☐ Delete	tm				Change	☐ Addition	
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CITY-ST-ZIP	<u> </u>		CITY	-SI-ZIP					
IIILE		☐ Delete	TITO.				☐ Change	Addition	
NAME STREET ADDRESS	(•	NAM	ET ADDRESS					
City-ST-ZIP				-ST-ZP					
TITLE		☐ Delete	TITL	E	····		☐ Change	Addition	
KAME	[NAM	L			-		
STREET ADDRESS				EET AODRESS .		•			
CITY-ST-ZIP	L			-\$1-ZIP					•
11. I hereby of indicated limited lia	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or yuste	h this filing does not qualify to I that my signature shall have se empowered to execute this	r the exe the sam report a	emption stated in a legal affect as i s required by Ch	Section 119.07(: I made under ca apter 608, Florid	 Florida Statutes. I furth th; that I am a managing a Statutes. 	ner certify that the in member or manage	ntomation er of the	