

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 029 ****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**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0020537

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 33011**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J SR. P.O. BOX 158 HIALEAH, FL 33011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J JR. P.O. BOX 158 HIALEAH, FL 33011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, STEPHEN P P.O. BOX 158 HIALEAH, FL 33011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

4/6/06

Date

Daytime Phone #