


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-18-2007 90040 002 ****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
---	---

90000000



DO NOT WRITE IN THIS SPACE

02012007 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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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. 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	

**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:  **4/18/07** **305 885-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #