


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

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
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01282008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0020537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____

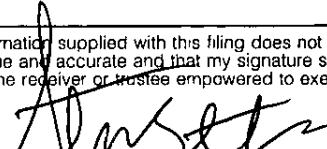
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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 04/07/08-80010-006 143.75

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:  Stephen P Brunetti 3/18/08 305 885 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #