

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026007

FILED
Mar 16, 2007
Secretary of State

Entity Name: THE BAY, LLC

Current Principal Place of Business:

600 BRICKELL AVE #503
MIAMI, FL 33131

New Principal Place of Business:

444 BRICKELL AVE # 828
MIAMI, FL 33131

Current Mailing Address:

600 BRICKELL AVE #503
MIAMI, FL 33131

New Mailing Address:

444 BRICKELL AVE # 828
MIAMI, FL 33131

FEI Number: 51-0474474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZONI, FERNANDO D
600 BRICKELL AVE #503
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MAZZONI, FERNANDO D
444 BRICKELL AVE # 828
MIAMI, FL 33131 US

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.

SIGNATURE:

03/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAZZONI, CARLOS J
Address: 600 BRICKELL AVE #503
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: MAZZONI, FERNANDO D
Address: 600 BRICKELL AVE #503
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAZZONI, CARLOS J
Address: 444 BRICKELL AVE # 828
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: MAZZONI, FERNANDO D
Address: 444 BRICKELL AVE # 828
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FERNANDO MAZZONI

RA

03/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date