2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # L03000026018 1. Entity Name 1900 BAY, LLC							i	03-12-2	2004 90)224 034 ***	*50.00
Principal Place											
5151 COLLIN MIAMI BEACH			5151 COLLINS AVE #725 MIAMI BEACH, FL 33140			6 9 00 0000		*******			
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			02232004	Chg-LLC	CR	2E083 (10/03)	
City & State			City & State	City & State			4. FEI Num	BG 96 826	•	<u> </u>	plied For Applicable
Zip		Country	Zip	Count	try			te of Status Desired		\$5.00 Addi	itional
		Name	٠	7. Name ar	nd Address of Nev	v Registe	red Agent	w			
MAZZONI, FERNANDO D 5151 GOLLINS AVE #725 MIAMI BEACH, FL 33140			.`		Street Address (P.O. Box Number is Not Acceptable)						
ئ _ى		50110									
Ť					City	,				FL Zip Code	
8. The above the obligat	named entit tions of regis	y submits this statement tered agent.	for the purpose of changing its re	egistere	ed office or	registei	red agent, or b	ooth, in the State of	Florida. I	l am familiar with, a	and accept
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title if applicable. (NOTE:	Registered	d Agent signatu	re required	d when reinstating)		Da	ATE	
Filing Fee is \$50.00 Due by May 1, 2004										ck payable to artment of State	
9.		MANAGING MEME	BERS/MANAGERS	10.				ADDITIO	NS/CHAN	IGES	
TITLE NAME	MGR OJMAN,	SARA	☐ Delete	TITLE NAMI						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5151 COI	LLINS AVE #725 EACH, FL 33140		STRE	ET ADDRESS - ST- ZIP						
TITLE	MGR	144545	☐ Defete	TITLE		MG	R			⊠ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	JAIME LLINS AVE #725 EACH, FL 33140			E ET ADORESS -ST-ZIP	OCH	IHAN G	YUSTAV HI	MIE	•	
TITLE NAME	,		Delete	TITLE	. ~	e		حد الرائد درد اللياد		Change.	. 🗔 Addition -
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11. I hereby indicated timited lia	certify that the don this repo ability compa	ne information supplied wort is true and accurate an iny or the receiver or trus	ith this filing does not qualify for nd that my signature shall have the tee empowered to execute this re	the exe ne same eport as	mption state e legal effe s required t	ed in Se ct as:if r by Chap	ection 119.07(nade under oa ster 608, Florid	3)(i), Florida Statut ath; that I am a ma a Statutes.	es. I furthe naging m	er certify that the in ember or manage	nformation r of the
SIGNAT		Ohm	2) Som	C)cmr.		N2s_	h04-2a	2//		į
JIGIYAI		AND TYPED OR PRINTED HAME	OF SIGNING MANAGING MEMBER, MANA	AGER, OF	AUTHORIZED	REPRES	ENTATIVE	Date	Z	Daylime Phone #	