


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT #</b> L03000030895	
1. Entity Name <b>BAY HILL HOLDINGS, LLC</b>	

Principal Place of Business <b>5779 NW 151ST STREET MIAMI LAKES, FL 33014</b>	Mailing Address <b>5779 NW 151ST STREET MIAMI LAKES, FL 33014</b>
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2. Principal Place of Business <b>14160 Palmetto Frontage Rd</b> Suite, Apt. #, etc. <b>21</b>	3. Mailing Address <b>14160 Palmetto Frontage Rd</b> Suite, Apt. #, etc. <b>21</b>
City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>
Zip <b>33016</b> Country	Zip <b>33016</b> Country

**FILED**  
04 MAY 25 AM 11:08  
*yes*  
STATE  
TALLAHASSEE FLORIDA  
**MJH**



03262004 Chg-LLC CR2E083 (10/03) **5/25**

6. Name and Address of Current Registered Agent <b>CAPARROS, MARTIN JR. 5779 NW 151ST STREET MIAMI LAKES, FL 33014</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR. 5779 NW 151ST STREET MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8TH STREET, SUITE 204 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100037033931</b> <b>05/24/04--01024--002 **1406.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **Martin Caparros** **4/30**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #