

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90048 002 \*\*\*\*50.00

**DOCUMENT # L03000030895**

1. Entity Name  
**BAY HILL HOLDINGS, LLC**



Principal Place of Business  
**14160 PALMETTO FRONTAGE RD., #21  
MIAMI LAKES, FL 33016**

Mailing Address  
**14160 PALMETTO FRONTAGE RD., #21  
MIAMI LAKES, FL 33016**

**20051055**



**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number **20-0598818** Applied For  
**NOT APPLICABLE** Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAPARROS, MARTIN JR.  
5779 NW 151ST STREET  
MIAMI LAKES, FL 33014**

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

**Filing Fee Is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAPARROS, MARTIN JR.  
14160 PALMETTO FRONTAGE RD., #21  
MIAMI LAKES, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BOSCHETTI, JOSE R  
2901 SW 8TH STREET, SUITE 204  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/14/05**

Date

Daytime Phone #