

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037023					
1. Entity Name BAOWIN INVESTMENT LLC					
Principal Place of Business 8755 N.W. 35TH LANE MIAMI, FL 33172			Mailing Address 8755 N.W. 35TH LANE MIAMI, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0351287				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND ST., STE 2900 MIAMI, FL 33131			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME YU, PETER		☐ Delete		
STREET ADDRESS 8755 NW 35TH LANE	CITY-ST-ZIP MIAMI, FL 33172		☐ Change ☐ Addition		
TITLE MGR	NAME CHANG, RAY		☐ Delete		
STREET ADDRESS 8755 NW 35TH LANE	CITY-ST-ZIP MIAMI, FL 33172		☐ Change ☐ Addition		
TITLE MGR	NAME CHANG, RAY		☐ Delete		
STREET ADDRESS 8755 NW 35TH LANE	CITY-ST-ZIP MIAMI, FL 33172		☐ Change ☐ Addition		
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TITLE MGR	NAME CHANG, RAY		☐ Delete		
STREET ADDRESS 8755 NW 35TH LANE	CITY-ST-ZIP MIAMI, FL 33172		☐ Change ☐ 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 806, Florida Statutes.					
SIGNATURE: _____			05-06-05 6305 411-3388		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					