


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90252 003 ****50.00

DOCUMENT # L03000056350					
1. Entity Name BAYVIEW APARTMENTS, LLC					
Principal Place of Business 7869 NW 52 STREET MIAMI, FL 33166 US			Mailing Address 7869 NW 52 STREET MIAMI, FL 33166 US		
2. Principal Place of Business		3. Mailing Address 960 ARTHUR GODFREY RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 212			
City & State		City & State MIAMI BEACH, FLORIDA			
Zip	Country	Zip 33140	Country USA	03222004 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLEGOS, LUIGI 960 ARTHUR GODFREY ROAD 212 MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRIER, MARCELO G 7869 NW 52 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONAN-E PIRANIO 960 ARTHUR GODFREY ROAD # 212 MIAMI BEACH, FL 33140	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUIGI GALLEGOS 960 ARTHUR GODFREY ROAD # 212 MIAMI BEACH, FL 33140	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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	
<input type="checkbox"/> Delete		<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	
<input type="checkbox"/> Delete		<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: _____			3/29/04 305-534-6220		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					