# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 08, 2007**
**Secretary of State**

DOCUMENT# L04000004828

**Entity Name:** BAYPORT COLONY APARTMENTS LLC

**Current Principal Place of Business:**

ALTMAN DEVELOPMENT CORP
1515 S FEDERAL HWY, STE 300
BOCA RATON, FL 33432

**New Principal Place of Business:**

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

**Current Mailing Address:**

ALTMAN DEVELOPMENT CORP
1515 S FEDERAL HWY, STE 300
BOCA RATON, FL 33432

**New Mailing Address:**

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

**FEI Number: 90-0135940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFREY A. DEUTCH, P.A.
7777 GLADES RD, STE 300
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

JEFFREY A. DEUTCH, P.A.
7777 GLADES RD,
SUITE 300
BOCA RATON, FL 33434 US

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.

SIGNATURE: _____ 03/08/2007
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ALTMAN DEVELOPMENT C, ORPORATION
Address: 1515 S FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFERY A. ROBERTS P 03/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date