

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 10, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000007178**

1. Entity Name  
BAC VENTURES, LLC



Principal Place of Business  
6600 NW 27TH AVE.  
MIAMI, FL 33147

Mailing Address  
6600 NW 27TH AVE.  
MIAMI, FL 33147



05022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0094845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MILLER, EDWIN L  
6600 NW 27TH AVE.  
MIAMI, FL 33147

**DO NOT WRITE  
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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/04/2006

Filing Fee is \$50.00  
Due by September 6, 2006

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MILLER, EDWIN L
STREET ADDRESS	6600 NW 27TH AVE.
CITY - ST - ZIP	MIAMI, FL 33147
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	

000000565412  
05/20/06-80133-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Edwin Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/04/2006 (305) 693-3550