

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009182

Entity Name: BAILES COMMON, LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133

New Principal Place of Business:

250 CATALONIA AVENUE, SUITE 606
CORAL GABLES, FL 33134

Current Mailing Address:

2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133

New Mailing Address:

250 CATALONIA AVENUE, SUITE 606
CORAL GABLES, FL 33134

FEI Number: 20-0693945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEISENFELD, JOSEPH J
2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORGE, CHRISTOPHER G
Address: 230 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PRINCETON ASSOCIATES, , LLC
Address: 250 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BARRY GOLDMEIER

MGR

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date