


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 A
Secretary of State

DOCUMENT # L04000009634

1. Entity Name
BA CAPITAL, LLC



Principal Place of Business 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432	Mailing Address 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



02282006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3784957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**COMPARATO, MICHAEL
 980 N FEDERAL HWY, STE 400
 BOCA RATON, FL 33432**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPARATO, MICHAEL 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPARATO, JEFFREY 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPARATO, ROBERT 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/06/06-80148-006 50.00

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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: *[Handwritten Signature]* **9/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____