

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90031 004 ****50.00

DOCUMENT # L04000020365					
1. Entity Name BAY VISTA PROPERTIES, LLC					
Principal Place of Business 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134 US			Mailing Address 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 55 Miracle Mile Suite, Apt. # etc. #310 City & State Coral Gables FL Zip 33134 Country USA		3. Mailing Address 55 Miracle Mile Suite, Apt. #, etc. #310 City & State Coral Gables FL Zip 33134 Country USA			
4. FEI Number 77-0627050				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH-CORTINA, LINDA 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name LINDA ROTH-CORTINA Street Address (P.O. Box Number is Not Acceptable) 55 Miracle Mile #310 City Coral Gables FL Zip Code 33134		
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 LINDA ROTH-CORTINA (NOTE: Registered Agent signature required when reinstating) DATE 4/17/06					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORTINA, CARLOS E 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	55 Miracle Mile #310 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROTH-CORTINA, LINDA 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	55 Miracle Mile #310 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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
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: LINDA ROTH-CORTINA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/17/06 Daytime Phone # 305774-7070		