

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035163

1. Entry Name
NORTH BAY CAPITAL, L.L.C.



Principal Place of Business

**C/O JOHN D. GOLDBERG
3172 NORTH BAY ROAD
MIAMI BEACH, FL 33140**

Mailing Address

**C/O JOHN D. GOLDBERG
3172 NORTH BAY ROAD
MIAMI BEACH, FL 33140**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1108438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH
HOLLYWOOD, FL 33021**

**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, typed or printed name of registered agent and title if applicable.

(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
**MGR
GOLDBERG, JOHN D
3172 NORTH BAY ROAD
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAGGIAG, CAROL
3172 NORTH BAY ROAD
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000384121
01/13/06-80028-018 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/06 (305) 674-1050

Date

Daytime Phone #