


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90047 023 ****50.00

DOCUMENT # L04000036339	
1. Entity Name BAYON INVESTMENTS, LLC	

Principal Place of Business 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326	Mailing Address 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05052005 Chg-LLC CR2E083 (10/03)

4. EEL Number 20-1122521	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
TOVAR, ILEANA ARIAS ESQ ARIAS TOVAR & ASSOCIATES, P.A. 1725 MAIN STREET, SUITE 209 WESTON, FL 33326

7. Name and Address of New Registered Agent
Name Mayenne OYON
Street Address (P.O. Box Number is Not Acceptable) 120 Lakeview Dr. #202
Weston, FL 33326
City Weston State FL Zip Code 33326

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 Mayenne Oyon <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	DATE 5/5/05 <small>(NOTE: Registered agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYON, MAYENNE 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYON, GRAZIELLA 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYON, ROSELENI 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYON, LIEZNITZA 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYON, JOSE 120 LAKEVIEW DRIVE, #202 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **Mayenne Oyon** 5/5/05.