

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046462

1. Entity Name
NORTH BAY 7930, LLC



Principal Place of Business

**404 5TH AVENUE
4TH FLOOR
NEW YORK, NY 10018**

Mailing Address

**404 5TH AVENUE
4TH FLOOR
NEW YORK, NY 10018**

DO NOT WRITE IN THIS SPACE



08082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0112983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIEBER, OREN ESQ.
555 NE 15TH STREET
SUITE 100
MIAMI, FL 33132**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHETRIT, JUDA
404 5TH AVENUE, 4TH FLOOR
NEW YORK, NY 10018**

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09/06/06-80004-006 250.00

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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 EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/30/06

Date

646 230 9360

Daytime Phone #