## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 08:00 AM Secretary of State

\$5.00 Additional

Fee Required

DOCUMENT # L04000069966

1. Entity Name

BAY CITY ENTERPRISES, LLC



Principal Place of Business

Mailing Address

21150 POINT PLACE STE 1403 AVENTURA, FL 33180 21150 POINT PLACE STE 1403 AVENTURA, FL 33180



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04212008 No Chg-LLC	CR2E083 (12/07)					
4. FEI Number	Applied For					
20-2020986	Not Applicable					

6. Name and Address of Current Registered Agent

BOHM, RONALD 21150 POINT PLACE #1403 AVENTURA, FL 33180

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	e named entity submits this statement for the purpose of chitions of registered agent.	anging its registered office or registered agent, or both, in the S	state of Florida I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed harne of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
IITLE	MGR		
NAME	BOHM, RONALD		
CIDELT ADDOLCC	21150 DOINT DLACE STE 1402		

CITY-ST-ZIP AVENTURA, FL 33180 ST BOHM, JUDY NAME STREET ADDRESS 21150 POINT PLACE STE 1403 CITY-ST-ZIP AVENTURA, FL 33180 DITLE NAME STREET ADDRESS CHY-S1-ZIP DILE NAME STREET ADDRESS

U00000921425 05/15/08-80006-007 138.75

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filting 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dare

Daytime Phone #