


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90041 006 ***138.75

DOCUMENT # L04000070833

1. Entity Name
ALFA BAY INVESTMENTS, LLC



| | |
|--|--|
| Principal Place of Business 782 NW LE JEUNE RD SUITE 650 MIAMI, FL 33126 | Mailing Address 782 NW LE JEUNE RD SUITE 650 MIAMI, FL 33126 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 5805 Blue Lagoon Dr. | 3. Mailing Address 5805 Blue Lagoon Dr. |
| Suite, Apt., #, etc. Suite 220 | Suite, Apt., #, etc. Suite 220 |

| | |
|-----------------------------------|----------------------------------|
| City & State Miami, Fl. | City & State Miami Fl. |
| Zip 33126 | Country USA |



02072008 Chg-LLC CR2E083 (12/06)

| | |
|---|--|
| 4. FEI Number 20-1774994 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

JACOMINO, ANTONIO CPA
782 NW LE JEUNE RD
SUITE 650
MIAMI, FL 33126

New Address Only

7. Name and Address of New Registered Agent

Name **JACOMINO, ANTONIO**

Street Address (P.O. Box Number is Not Acceptable)
6805 Blue Lagoon Dr.

Suite 220

City **Miami** **FL** Zip Code **33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---------------------------------|---|--|
| TITLE MGR | <input type="checkbox"/> Delete | TITLE MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PATRONE, ALFREDO | | NAME PATRONE, ALFREDO | |
| STREET ADDRESS 782 NW LE JEUNE RD SUITE 650 | | STREET ADDRESS 5805 Blue Lagoon Dr. Ste 220 | |
| CITY-ST-ZIP MIAMI, FL 33126 | | CITY-ST-ZIP Miami Fl. 33126 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: _____ Date **2/13/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # _____