

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071076

Entity Name: BAYPORT ENTERPRISES LLC

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

3762 COVENTRY LANE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

3762 COVENTRY LANE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 20-1746047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, ROBERT  
3762 COVENTRY LANE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COHEN, ROBERT  
Address: 3762 COVENTRY LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: COHEN, ILEEN  
Address: 3762 COVENTRY LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: COHEN, MICHAEL  
Address: 3762 COVENTRY LANE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J COHEN

MR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date