2006 LIMITED LIABILITY COMPANY

FILED Jan 27, 2006 08:00 AN Secretary of State

ANNUAL REPORT	
DOCUMENT # L0400075125 1. Entity Name BALI DEVELOPMENT, L.L.C.	

Principal Place of Business

1935 WEST AVENUE, #203 MIAMI BEACH, FL 33139

Mailing Address

1935 WEST AVENUE, #203 MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1756843

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, GARY LESQ.

PHILLIPS, EISINGER & BROWN, P.A.

DO NOT WRITE

4000 HOLLYWOOD BOULEVARD, SUITE 265-S HOLLYWOOD, FL 33021		IN '	IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and ac	ccept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when felinstating)	DATE	-
Fi D	lling Fee is \$50.00 ue by May 1, 2006	<u>\$</u>		,
3. ITILE VAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM GREENWALD, ANDREA 1935 WEST AVENUE, #203 MIAMI BEACH, FL 33139		U00000404297 02/06/06-80039-021 55.00	
CHY-ST-ZIP ITTLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP ITTLE			NOT WRITE THIS SPACE	
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11. I hereby certify that the information supplied with this filling 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

Date

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

Daytime Phone #