

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 012 \*\*\*\*50.00

**DOCUMENT # L04000086687**

1. Entity Name  
**BAY HAR DEVELOPMENT, LLC**



Principal Place of Business  
**2645 N.E. 207 STREET  
NO. MIAMI, FL 33180 US**

Mailing Address  
**2645 N.E. 207 STREET  
NO. MIAMI, FL 33180 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**37-1501300**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME **BOANO, GABRIEL**  
STREET ADDRESS **2645 N.E. 207 STREET**  
CITY-ST-ZIP **NO. MIAMI, FL 33180**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME **AVANKIAN, DANIEL**  
STREET ADDRESS **2645 N.E. 207 STREET**  
CITY-ST-ZIP **NO. MIAMI, FL 33180**

TITLE ☒ Change ☐ Addition  
NAME **AVAKIAN, ADOLFO DANIEL**  
STREET ADDRESS **2645 N.E. 207 STREET**  
CITY-ST-ZIP **NO. MIAMI, FL 33180**

TITLE MGR ☐ Delete  
NAME **SAWICKI, DANIEL**  
STREET ADDRESS **2645 N.E. 207 STREET**  
CITY-ST-ZIP **NO. MIAMI, FL 33180**

TITLE ☒ Change ☐ Addition  
NAME **SAWICKI, ALEJANDRO DANIEL**  
STREET ADDRESS **2645 N.E. 207 STREET**  
CITY-ST-ZIP **NO. MIAMI, FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

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

**ALEJANDRO DANIEL SAWICKI**  
**MANAGER**

**04/12/2007**

Date

**(305)692-2232**

Daytime Phone #