


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90218 005 \*\*\*150.00

<b>DOCUMENT # L04000090497</b>	
1. Entity Name <b>BAY APPLIANCE, LLC</b>	

Principal Place of Business <b>3506 N. FEDERAL HIGHWAY DELRAY BEACH, FL 33483</b>	Mailing Address <b>3506 N. FEDERAL HIGHWAY DELRAY BEACH, FL 33483</b>
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2. Principal Place of Business <b>3010 SW 14th Place</b>	3. Mailing Address <b>3010 SW 14th Place</b>
Suite, Apt. #, etc. <b>15</b>	Suite, Apt. #, etc. <b>15</b>

City & State <b>Boynton Beach FL</b>	City & State <b>Boynton Beach FL</b>
Zip <b>33426</b>	Country <b>Palm Beach</b>
Zip <b>33426</b>	Country <b>Palm Beach</b>

6. Name and Address of Current Registered Agent <b>ROSS, HARRY J. 6100 GLADES ROAD, STE 211 BOCA RATON, FL 33434</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER, KIERSTED W III 3506 N FEDERAL HIGHWAY DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mbrm Walter, Kiersted W III 3010 SW 14th Place Suite 15 Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/21/06** **561 733-9021**

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