

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002953

Entity Name: BAA, LLC

FILED  
Aug 11, 2006  
Secretary of State

**Current Principal Place of Business:**

2510 "A" ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

2510  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

2510 "A" ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

2510  
LOXAHATCHEE, FL 33470

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BREEN, MICHAEL P  
2510 "A" ROAD  
LOXAHATCHEE, FL 33470 US

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

BREEN, MICHAEL P  
2510  
LOXAHATCHEE, FL 33470 US

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:

08/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BREEN, MICHAEL P  
Address: 2510  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM ( ) Delete  
Name: BREEN, HEIDI A  
Address: 2510  
City-St-Zip: LOXAHATCHEE, FL 33470 US

**ADDITIONS/CHANGES:**

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: MICHAEL P. BREEN

OWNE

08/11/2006

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