2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000007365

1. Entity Name
2006 BAY ASSOCIATES LLC

Principal Place of Business	Mailing Address
5120 WOODLAND LAKES DRIVE	5120 WOODLAND LAKES DRIVE
PALM BEACH GARDENS, FL 33418 US	PALM BEACH GARDENS, FL 33418 US

DO NOT WRITE IN THIS SPACE

03162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

KINER, BARBARA J
5120 WOODLAND LAKES DRIVE
PALM BEACH GARDENS, FL 33418

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KINER, BARBARA J
STREET ADDRESS	5120 WOODLAND LAKES DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	VERTES, BAYA
STREET ADDRESS	36 JEROME PARK DRIVE
CITY-ST-ZIP	DUNDAS, ON L9H 6H2
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Barbara J. Kiner_   3/16/08

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