


**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90051 023 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000015627			
1. Entity Name BAY COLONY INVESTMENTS, LLC			
Principal Place of Business 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308		Mailing Address 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent COPPOLA, PATRICE 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
6. 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 _____ <small>Signature, hand or printed name of registered agent and file if applicable. (NOT: Registered Agent signature filed when registering)</small>			
Filing Fee to \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
6. MANAGING MEMBERS/MANAGERS		7. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Patrice Coppola <input type="checkbox"/> Date 190 N. Compass Dr. Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert Coppola <input type="checkbox"/> Date 190 N. Compass Dr. Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kameth Czuby <input type="checkbox"/> Date 150 N. Compass Dr. Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member, Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jane Czuby <input type="checkbox"/> Date 150 N. Compass Dr. Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Date	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 118, 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: <u>Patrice M. Coppola</u>		Date: <u>1/4/06 (934) 772-2299</u>	

30002170



01042008 Ctg-LLC CR2E083 (11/05)

4. FEI Number 20-2874040 Applied For  Not Applicable

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

FL

Zip Code

Filing Fee to \$50.00  
Due by May 1, 2008

Make check payable to  
Florida Department of State

6. MANAGING MEMBERS/MANAGERS

7. ADDITIONS/CHANGES

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SIGNATURE: Patrice M. Coppola

Date: 1/4/06 (934) 772-2299



ATTACHMENT

30002170

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

BAY COLONY INVESTMENTS, LLC  
190 N. COMPASS DRIVE  
FT. LAUDERDALE, FL 33308

Subject: BAY COLONY INVESTMENTS, LLC

Reference Number: L05000015627

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT  
30002170

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

BAY COLONY INVESTMENTS, LLC  
190 N. COMPASS DRIVE  
FT. LAUDERDALE, FL 33308

Subject: BAY COLONY INVESTMENTS, LLC

Reference Number: L05000015627

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Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION