

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000015841

FILED
Apr 18, 2006
Secretary of State**Entity Name:** BAY TOWERS DEVELOPMENT, LLC**Current Principal Place of Business:**2825 S. WASHINGTON AVE
TITUSVILLE, FL 32780 US**New Principal Place of Business:****Current Mailing Address:**2875 NE 191 STREET
#901
AVENTURA, FL 33180 US**New Mailing Address:**19495 BISCAYNE BLVD
SUITE 501
AVENTURA, FL 33180 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOURI, DAVID
2825 S. WASHINGTON AVE
TITUSVILLE, FL 32780 US**Name and Address of New Registered Agent:**ANNA, YAKUBOVITZ
19495 BISCAYNE BLVD
SUITE 501
AVENTURA, FL 33180 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: ANNA YAKUBOVITZ

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: HOURI, DAVID
Address: 2825 S. WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780 USTitle: MGRM (X) Delete
Name: TOLEDANO, YIZHAK
Address: 2825 S. WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780 US**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: HOURI, DAVID
Address: 19495 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180 USTitle: () 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: DAVID HOURI

MGR

04/18/2006

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