

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022411

FILED
Feb 15, 2006
Secretary of State

Entity Name: BATH CLUB UNIT 15D, LLC

Current Principal Place of Business:

C/O 600 GRADE TREE DRIVE, #9BS
KEY BISCAYNE
FL 33149,

New Principal Place of Business:

C/O 600 GRADE TREE DRIVE, #9BS
KEY BISCAYNE, FL 33149

Current Mailing Address:

C/O 600 GRADE TREE DRIVE, #9BS
KEY BISCAYNE
FL 33149,

New Mailing Address:

C/O 600 GRADE TREE DRIVE, #9BS
KEY BISCAYNE, FL 33149

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUSQUETS, JOSE
Address: 600 GRAPETREE DRIVE, 9BS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: BUSQUETS, CARMEN
Address: 600 GRAPETREE DRIVE, 9BS
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BLAZQUEZ DE BUSQUETS, CARMEN
Address: 600 GRAPETREE DRIVE, 9BS
City-St-Zip: KEY BISCAYNE, FL 33149

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: JOSE BUSQUETS

MGR

02/15/2006

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