

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 022 ****50.00

DOCUMENT # L05000023126

1. Entity Name
BACH STABLES LLC



Principal Place of Business
**ONE STEINBRENNER DRIVE
TAMPA, FL 33614**

Mailing Address
**ONE STEINBRENNER DRIVE
TAMPA, FL 33614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

05-0620273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATE, MARK T
212 S. MAGNOLIA AVE.
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Anthony Bruno

Anthony Bruno 4/28/06 813.673.3130

ATTACHMENT

20043129

#705000023126

TRANS-MARINE MANAGEMENT CORPORATION

P.O. Box 25077 • TAMPA, FLORIDA 33623 • (813) 281-9001 • FAX (813) 281-0942

CORPORATE OFFICES

April 28, 2006

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: 2006 Uniform Business Reports

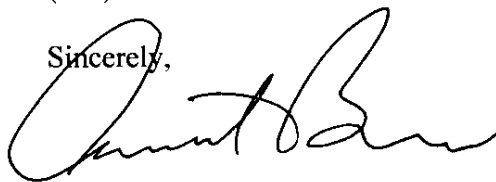
To Whom It May Concern:

Enclosed please find the Annual Reports for the following:

Bach Stables, LLC
Beisbol Del Sur, LLC
Harbor Hotel Corporation

Should you need anything further do not hesitate to contact me, I may be reached at
(813) 673-3130.

Sincerely,



Anthony Bruno

Enclosures