


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90367 005 ****50.00

DOCUMENT # L05000038566	
1. Entity Name FOUR ISLA BAHIA INVESTMENTS, L.L.C.	

Principal Place of Business 39 AVENUE OF THE COMMONS, SUITE 206 SHREWSBURY, NJ 07702	Mailing Address 39 AVENUE OF THE COMMONS, SUITE 206 SHREWSBURY, NJ 07702
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60016896

2. Principal Place of Business - No P.O. Box # 39 Avenue AT The Common	3. Mailing Address 39 Avenue AT The Common
Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State Shrewsbury, NJ	City & State Shrewsbury, NJ
Zip 07702	Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2843381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOFSHEVER, HAROLD S 4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR FORT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZEL, BRUCE 1411 STATE ROUTE #35 N OCEAN, NJ 07712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM MATZEL, BRUCE 2760 North Atlantic Blvd. Fort Lauderdale, FL 07702 <input checked="" type="checkbox"/> Change <input 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 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 type="checkbox"/> Addition
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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 type="checkbox"/> Addition

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 #

2-16-07