

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90029 033 ****50.00

DOCUMENT # L05000053773

1. Entity Name
BETA BAY INVESTMENTS, LLC



Principal Place of Business
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

Mailing Address
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

2. Principal Place of Business
782 Le Jeune Rd
Suite, Apt. #, etc.
650

3. Mailing Address
782 Le Jeune Rd
Suite, Apt. #, etc.
650

City & State
Miami Florida
Zip
33126
Country

City & State
Miami Florida
Zip
33126
Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3205749
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERT ALLEN LAW
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (R.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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO 1441 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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

4/17/06

305 4422470

Date

Daytime Phone #