


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 048 ***138.75

DOCUMENT # L05000053773			
1. Entity Name BETA BAY INVESTMENTS, LLC			
Principal Place of Business 782 LE JEUNE RD 650 MIAMI, FL 33126		Mailing Address 782 LE JEUNE RD 650 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 5805 Blue Lagoon Dr.		3. Mailing Address 5805 Blue Lagoon Dr.	
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc. Suite 220	
City & State Miami Fl.		City & State Miami Fl.	
Zip 33126	Country USA	Zip 33126	Country USA
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 Fowler White Burnett, PA. Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Ave. 14th Floor City Miami FL Zip Code 33126	
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 <u>Jeanne Fuentes Lopez</u> DATE <u>02/13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	

60011703



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3205749 Applied For
Not Applicable

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO <input type="checkbox"/> Delete 1441 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATRONE, ALFREDO 5805 Blue Lagoon Dr. Ste. 220 Miami, Fl. 33126
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
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] 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #