

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059796

Entity Name: BAY NORTHPORT LOOP, L.L.C.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY, SUITE 205-A  
BOCA RATON, FL 33431

## New Principal Place of Business:

4400 NORTH FEDERAL HIGHWAY, SUITE 408  
BOCA RATON, FL 33431

## Current Mailing Address:

4800 NORTH FEDERAL HIGHWAY, SUITE 205-A  
BOCA RATON, FL 33431

## New Mailing Address:

4400 NORTH FEDERAL HIGHWAY, SUITE 408  
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

KAAN, VALERIE  
4400 N FEDERAL HWY  
408  
BOCA RATON, FL 33431 US

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: VALERIE KAAAN

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KAAAN, VALERIE  
Address: 4800 NORTH FEDERAL HIGHWAY, SUITE 205-A  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KAAAN, VALERIE  
Address: 4400 NORTH FEDERAL HIGHWAY, SUITE 408  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify 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: VALERIE KAAAN

MGRM

04/29/2007

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