


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000066651 1. Entity Name BAYWINDS C II, LLC |  |
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|---|---|
| Principal Place of Business 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 | Mailing Address 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 |
|---|---|



01192007 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-4872744 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

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| 6. Name and Address of Current Registered Agent MARTINEZ, CARLOS E 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 |
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating)

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

U000000609037
02/01/07-80033-014 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ, CARLOS E 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, FERNANDO I 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, RAUL A 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, EMILIO J 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARNAIZ, MIREN 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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, OR AUTHORIZED REPRESENTATIVE

1/20/07

Date

3052731303

Daytime Phone #