


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000066652 1. Entity Name BAYWINDS C III, LLC	
--	---

Principal Place of Business 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186	Mailing Address 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186
---	---

DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4872813	Applied For Not Applicable
-----------------------------	-------------------------------

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

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

DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

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

UD00000609035
 02/01/07-80033-013 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	

DO NOT WRITE IN THIS SPACE

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: 	Date: 1/20/07	Daytime Phone #: 3052731303
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>