

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 13, 2008 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**



**01182008No Chg-LLC CR2E083 (12/07)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-4872813**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>MARTINEZ, CARLOS E</b>
<b>STREET ADDRESS</b>	<b>11755 SW 90 STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33186</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>MARTINEZ, FERNANDO I</b>
<b>STREET ADDRESS</b>	<b>11755 SW 90 STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33186</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>MARTINEZ, RAUL A</b>
<b>STREET ADDRESS</b>	<b>11755 SW 90 STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33186</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>MARTINEZ, EMILIO J</b>
<b>STREET ADDRESS</b>	<b>11755 SW 90 STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33186</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>ARNAIZ, MIREN</b>
<b>STREET ADDRESS</b>	<b>11755 SW 90 STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33186</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**U00000825670  
02/21/08-80019-003 138.75**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/6/08**