

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90199 020 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                                   |                                                                                                                                                                     |                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| <b>DOCUMENT # L05000071216</b><br>1. Entity Name<br><b>BAYLINE DEVELOPMENT, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                   |                                                                                                                                                                     |                                                              |  |
| Principal Place of Business<br><b>4420 NORTH BAY ROAD<br/>MIAMI, FL 33140-2857</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                   | Mailing Address<br><b>4420 NORTH BAY ROAD<br/>MIAMI, FL 33140-2857</b>                                                                                              |                                                              |  |
| 2. Principal Place of Business<br><b>6035 San Elijo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | 3. Mailing Address<br><b>6035 San Elijo</b>                       |                                                                                                                                                                     |                                                              |  |
| Suite, Apt. #, etc.<br><b>P.O. Box 2564</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | Suite, Apt. #, etc.<br><b>P.O. Box 2564</b>                       |                                                                                                                                                                     |                                                              |  |
| City & State<br><b>Rancho Santa Fe, CA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | City & State<br><b>Rancho Santa Fe, CA</b>                        |                                                                                                                                                                     |                                                              |  |
| Zip<br><b>92067</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>USA</b>                                                           | Zip<br><b>92067</b>                                               | Country<br><b>USA</b>                                                                                                                                               | 02152006 Chg-LLC CR2E083 (11/05)                             |  |
| 4. FEI Number<br><b>43-2086644</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                   |                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                   |                                                                                                                                                                     | <b>\$5.00 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DE LEON, KIRK<br/>44 WEST FLAGLER STREET, STE. 325<br/>MIAMI, FL 33130-6812</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> Zip Code _____ |                                                              |  |
| 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                   |                                                                                                                                                                     |                                                              |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                                                                   |                                                                                                                                                                     | <b>Make check payable to<br/>Florida Department of State</b> |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                                                                   | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                        |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br><b>UBERTINO, KENNETH<br/>4420 NORTH BAY ROAD<br/>MIAMI, FL 331402857</b> | <input type="checkbox"/> Delete                                   |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                     |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                 |                                                                   |                                                                                                                                                                     |                                                              |  |
| <b>SIGNATURE: <u>Kenneth W. Ubertino</u> KENNETH W. UBERTINO 2/27/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                   |                                                                                                                                                                     |                                                              |  |

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