

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90148 030 ****50.00

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01122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000071216 1. Entity Name BAYLINE DEVELOPMENT, L.L.C.					
Principal Place of Business 6035 SAN ELIJO POB 2564 RANCHO SANTA FE, CA 92067			Mailing Address 6035 SAN ELIJO POB 2564 RANCHO SANTA FE, CA 92067		
2. Principal Place of Business - No P.O. Box # 4411 COLLINS AVE		3. Mailing Address 4411 COLLINS AVE			
Suite, Apt. #, etc. FONTAINEBLEAU II UNIT#3206		Suite, Apt. #, etc. FONTAINEBLEAU II UNIT#3206			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL			
Zip 33140	Country USA	Zip 33140	Country USA	4. FEI Number 43-2086644	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE LEON, KIRK 44 WEST FLAGLER STREET, STE. 325 MIAMI, FL 33130-6812			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UBERTINO, KENNETH 6035 SAN ELIJO, POB 2564 RANCHO SANTA FE, CA 92067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4411 COLLINS AVE FONTAINEBLEAU II UNIT#3206 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: Kenneth W. Ubertino KENNETH W. UBERTINO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 1-22-07 286-891-2099					