

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L05000082358

1. Entity Name

EXECUTIVE BAY PROPERTIES, LLC



FILED

**Mar 16, 2006 8:00 am
Secretary of State**

02-27-2006 90428 002 ****50.00



1st MOORE CR2E083 (10/05)

Principal Place of Business		Mailing Address			
4656 SW 74TH AVENUE MIAMI FL 33155		4656 SW 74TH AVENUE MIAMI FL 33155			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARCIERO, ANGEL 4656 SW 74TH AVENUE MIAMI FL 33155				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

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

(NOTE: Registered Agent Signature required when form is filed)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCIERO, ANGEL		NAME	
STREET ADDRESS	8220 SW 56TH STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ASIS G		NAME	
STREET ADDRESS	9900 SW 142 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZOA, RAUL		NAME	
STREET ADDRESS	7821 SW 134 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, DANIEL		NAME	
STREET ADDRESS	10515 SW 103 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, manager, or authorized representative)

2/14/06 (305) 267-2278
Date
Daytime Phone #



ATTACHMENT

30002665

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

EXECUTIVE BAY PROPERTIES, LLC
4656 SW 74TH AVENUE
MIAMI, FL 33155

Subject: **EXECUTIVE BAY PROPERTIES, LLC**

Reference Number:

L05000082358

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION