


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90248 002 ***138.75

| | |
|---|---|
| DOCUMENT # L05000082358 1. Entity Name EXECUTIVE BAY PROPERTIES, LLC |  |
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|---|---|
| Principal Place of Business 4656 SW 74TH AVENUE MIAMI, FL 33155 | Mailing Address 4656 SW 74TH AVENUE MIAMI, FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE

02192008No Chg-LLC

CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3333553 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent ARCIERO, ANGEL 4656 SW 74TH AVENUE MIAMI, FL 33155 |
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**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.

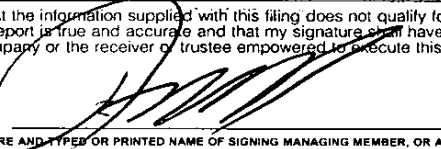
| | |
|--|---------------|
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|---------------|

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARCIERO, ANGEL 8220 SW 56TH STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LOPEZ, ASIS G 9900 SW 142 STREET MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARZOA, RAUL 7821 SW 134 STREET MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOMEZ, DANIEL 10515 SW 103 STREET MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date 2/28/08 | Daytime Phone # (305) 267-2278 |
|---|-----------------|-----------------------------------|