

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083887

FILED
Mar 21, 2007
Secretary of State

Entity Name: BAY AREA ASSET MANAGEMENT, LLC

Current Principal Place of Business:

2840 W BAY DR
STE 212
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

2840 W BAY DR
STE 212
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 34-2054890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MITCHELL, INGRID S MGRM
2840 W BAY DR
STE 212
BELLEAIR BLUFFS, FL 33770 US

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.

SIGNATURE: INGRID MITCHELL

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL, DINESH
Address: 2840 W BAY DR, STE 212
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: MGRM () Delete
Name: MITCHELL WINSON, NELIA
Address: 2840 W BAY DR, STE 212
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: MGRM () Delete
Name: MITCHELL KHAN, PATRICIA
Address: 2840 W BAY DR, STE 212
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: MGRM () Delete
Name: SAVATRI MITCHELL, INGRID
Address: 2840 W BAY DR, STE 212
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEILA MITCHELL WINSON

MGRM

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date