


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90237 043 ***138.75

DOCUMENT # L05000089382

1. Entity Name
 NORTH BAY SOLUTIONS, LLC




Principal Place of Business Mailing Address
 17100 NORTH BAY ROAD, SUITE 1404 17100 NORTH BAY ROAD, SUITE 1404
 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 531 N Spoonbill drive 531 N spoonbill drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Sarasota, FL Sarasota, FL
 Zip Country Zip Country
 34236 USA 34236 USA

60020600



02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-4360474 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP
 2455 EAST SUNRISE BOULEVARD
 FORT LAUDERDALE, FL 33304

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 _____

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MARTINEZ, LUCIEN	17100 NORTH BAY ROAD, SUITE 1404	SUNNY ISLES, FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Martinez Lucien	531 N spoonbill drive	Sarasota, FL 34236	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Lucien MARTINEZ 03/28/08 9419558957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #