

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90085 047 *****50.00

DOCUMENT # L05000098447

1. Entity Name

BAHIA VISTA PROFESSIONAL BUILDING, LLC



Principal Place of Business

145 HEATHER LANE
MILL NECK NY 11765

Mailing Address

145 HEATHER LANE
MILL NECK NY 11765



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3153590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L ESQ.
1206 MANATEE AVE. WEST
BRADENTON FL 34205

same
same

7. Name and Address of New Registered Agent

Name

CHARLES PRATT, ESQ

Street Address (P.O. Box Number is Not Acceptable)

HARRISON HENDRICKSON KIRKLAND
1206 MANATEE AVE WEST

City

Bradenton

FL

Zip Code

34205

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CRISCI, VINCENT
STREET ADDRESS 145 HEATHER LANE
CITY ST ZIP MILL NECK NY 11765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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] VINCENT CRISCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/07

Date

212-202-1666

Daytime Phone #