


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000111213 1. Entity Name THE RESIDENCES AT BAY HARBOR, L.L.C.	
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Principal Place of Business 1150 KANE CONCOURSE, SUITE 2E BAY HARBOR ISLAND, FL 33154	Mailing Address 1150 KANE CONCOURSE, SUITE 2E BAY HARBOR ISLAND, FL 33154
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3816882	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 ALAIN MARC RENE 1150 KANE CONCOURSE, SUITE 2E BAY HARBOR ISLAND, FL 33154
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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	MGRM ALAIN MARC RENE 1150 KANE CONCOURSE, SUITE 2E BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEITUN, RAQUEL 1150 KANE CONCOURSE, SUITE 2E BAY HARBOR ISLAND, FL 33154
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02/15/08-80035-033 138.75

**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:  <u>ALAIN MARC RENE</u>	<u>02/4/2008</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>