


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 034 ****50.00

DOCUMENT # L05000119644 1. Entity Name BAWA, LLC					
Principal Place of Business 2436 57TH CIRCLE VERO BEACH, FL 32966				Mailing Address 2436 57TH CIRCLE VERO BEACH, FL 32966	
2. Principal Place of Business 4175 16th Square East Suite, Apt. #, etc.		3. Mailing Address 4175 16th Square East Suite, Apt. #, etc.			
City & State Vero Beach, FL 32967 Zip Country		City & State Vero Beach, FL 32967 Zip Country		4. FEI Number 20-3958741 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent DAVE, PRATIMA 2436 57TH CIRCLE VERO BEACH, FL 32966				7. Name and Address of New Registered Agent Name Dave, Pratima Street Address (P.O. Box Number is Not Acceptable) 4175 16th Square East City Vero Beach, FL 32967	
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: <u><i>Pratima H. Dave</i></u> DATE: <u>3/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pratima Dave 4175 16th Square East Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Pratima H. Dave</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/2/06</u> Daytime Phone #: <u>772-567-5118</u> <u>248-302-1692-cell</u>		