
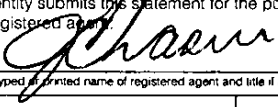
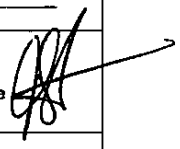
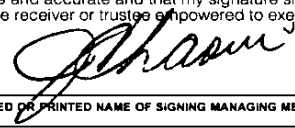


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAY 10 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000011171			
1. Entity Name NORTH BAY CONDOMINIUMS, LLC			
Principal Place of Business 4471 SW 71 AVE. MIAMI, FL 33155		Mailing Address 4471 SW 71 AVE. MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 7058 SW 44 St		3. Mailing Address 7058 SW 44 St	
Suite, Apt. #, etc. None		Suite, Apt. #, etc. None	
City & State Miami, FL		City & State Miami, FL	
Zip 33155		Country U.S.A	
4. FEI Number 56-2570173		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, OSCAR L 4471 SW 71 AVE. MIAMI, FL 33155		7. Name and Address of New Registered Agent Name: Chaoui Jose Street Address (P.O. Box Number is Not Acceptable): 7058 SW 44 St City: Miami FL Zip Code: 33155	
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: 		DATE: 4/25/07	
Amended AR is \$50.00		Make check payable to Florida Department of State 	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, OSCAR L 4471 SW 71 AVE. MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chaoui Jose 7058 SW 44 St Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAZAR, PEDRO M 4471 SW 71 AVE. MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Caro, Juan Rene 7058 SW 44 St Miami, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILERA, OMAR 4471 SW 71 AVE. MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103047588 05/23/07--01006--019 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAOU, JOSE 4471 SW 71 AVE. MIAMI, FL 33155 <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
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: 		DATE: 4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: Daytime Phone #	