

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90059 007 \*\*\*\*50.00

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04062007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000028374</b> 1. Entity Name <b>BA-TOL, LLC</b>					
Principal Place of Business <b>2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BOYLE, CONRAD J MOMBACH, BOYLE &amp; HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394</b>			7. Name and Address of New Registered Agent Name <b>Nguyen, Doquyen T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 West Cypress Creek Road</b> City      State      Zip Code <b>Fort Lauderdale      FL      33309</b>		
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>DoQuyen T. Nguyen</i></u> DoQuyen T. Nguyen      4/26/2007 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>McClung, Jay C.</b> <b>2100 West Cypress Creek Road</b> <b>Fort Lauderdale, FL 33309</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>Snyder, Marcia</b> <b>2100 West Cypress Creek Road</b> <b>Fort Lauderdale, FL 33309</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>Toalson, Valerie C.</b> <b>2100 West Cypress Creek Road</b> <b>Fort Lauderdale, FL 33309</b>		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	
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>Valerie C. Toalson</i></u> Valerie C. Toalson, Manager      4/27/07      954-940-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					