

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000028374

1. Entity Name
BA-TOL, LLC



Principal Place of Business
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

Mailing Address
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

**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	MGR
NAME	MCCLUNG, JAY C
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	SNYDER, MARCIA
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	TOALSON, VALERIE C
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000924567
05/19/08-80006-018 138.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Valerie C. Toalson, Manager 4/22/08

Date

954-940-5000

Daytime Phone #