

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90042 022 ****55.00

DOCUMENT # L06000035519

1. Entity Name
56 BAL BAY LLC



Principal Place of Business
828 WASHINGTON AVE
MIAMI BEACH, FL 33139

Mailing Address
828 WASHINGTON AVE
MIAMI BEACH, FL 33139

40088630



2. Principal Place of Business - No P.O. Box #
56 Bal Bay Drive
Suite, Apt. #, etc.

3. Mailing Address
1680 Meridian Ave
Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State
Bal Harbour, FL

City & State
Miami Beach FL

4. FEI Number
20-4634016

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33139

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, ALAN
19955 NE 38TH COURT
#2904
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
LIEBERMAN, ALAN
Street Address (P.O. Box Number is Not Acceptable)
1680 Meridian Ave
Ste 102
City
MIAMI BEACH FL Zip Code
33139

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIEBERMAN, ALAN
828 WASHINGTON AVE
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIEBERMAN, DIANE
828 WASHINGTON AVE
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1680 Meridian Ave Ste 102
MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1680 Meridian Ave Ste 102
MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #