


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90133 048 \*\*\*\*55.00

<b>DOCUMENT # L06000053774</b>	
1. Entity Name B.A. CONSTRUCTION MANAGEMENT LLC	

Principal Place of Business 1705 DONNA ROAD SUITE 12 WEST PALM BEACH, FL 33409 US	Mailing Address 1705 DONNA ROAD SUITE 12 WEST PALM BEACH, FL 33409 US
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60022203



2. Principal Place of Business - No P.O. Box # <b>2753 VISTA PARKWAY</b>	3. Mailing Address <b>2753 VISTA PARKWAY</b>
Suite, Apt. #, etc. <b>UNIT J-5</b>	Suite, Apt. #, etc. <b>UNIT J-5</b>
City & State <b>W. PALM BEACH, FL</b>	City & State <b>W. PALM BEACH, FL</b>
Zip <b>33411</b>	Zip <b>33411</b>
Country <b>FLA</b>	Country <b>FLA</b>

03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5042731</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent  BERTOLAMI, VINCENT D 14846 96TH LANE NORTH WEST PALM BEACH, FL 33412	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTOLAMI, VINCENT D 14846 96TH LANE NORTH WEST PALM BEACH, FL 33412 <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	MGRM BERTOLAMI, BETH 14846 96TH LANE NORTH WEST PALM BEACH, FL 33412 <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
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/07 561-478-4796  
Date Daytime Phone #