


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000088867 1. Entity Name BA EQUITY VENTURES, LLC	
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Principal Place of Business 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Mailing Address P.O. BOX 5403 FORT LAUDERDALE, FL 33310-5403
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04152008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FE# Number NOT APPLICABLE	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

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

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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 _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLUNG, JAY C 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNYDER, MARCIA 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOALSON, VALERIE C 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
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 05/19/08-80006-021 138.75

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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:  Valerie C. Toalson, Manager 4/22/08 954-940-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #