


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90079 036 \*\*\*138.75

**DOCUMENT # L06000110289**

1. Entity Name  
**BAYBROOK, LLC**



Principal Place of Business      Mailing Address

**3211 PONCE DE LEON BLVD., SUITE 202  
C/O NEWPORT PROPERTY VENTURES, LTD.  
CORAL GABLES FL 33134**

**3211 PONCE DE LEON BLVD., SUITE 202  
C/O NEWPORT PROPERTY VENTURES, LTD.  
CORAL GABLES FL 33134**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**NO-T APPLICABLE**      Not Applicable

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**LEVENSON, FREDERIC  
200 S. BISCAYNE BLVD., SUITE 4900  
C/O WHITE & CASE LLP  
MIAMI FL 33131**

Name: **Martini, Gregory T**  
Street Address (P.O. Box Number is Not Acceptable):  
**2655 LeJeune Road, Suite 1101**  
City: **Coral Gables**      State: **FL**      Zip Code: **33134**

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]*      DATE: **2/26/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Scurtis, SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD STE 202 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*      **Constantine J. Scurtis**      Date: **2/19/08**      Chapter Phone #: **(805)446-0010**

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