

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110289

FILED
Mar 09, 2009
Secretary of State

Entity Name: BAYBROOK, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

3211 PONCE DE LEON BLVD.
STE. 202
CORAL GABLES, FL 33134

Current Mailing Address:

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

New Mailing Address:

3211 PONCE DE LEON BLVD.
STE. 202
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINI, GREGORY T
2655 LEJEUNE BOARD, SUITE 1101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ZOOK, STUART J
3211 PONCE DE LEON BLVD.
STE. 202
CORAL GABLES, FL 33134 US

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.

SIGNATURE: STUART ZOOK

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SEURTIS, CONSTANTINE
Address: 3211 PONCE DE LEON BLVD STE 201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: COO (X) Change () Addition
Name: ZOOK, STUART J
Address: 3211 PONCE DE LEON BLVD STE 202
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STUART ZOOK

COO

03/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date