


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 010 ****50.00

DOCUMENT # L06000110998 1. Entity Name BATH CLUB 1501, LLC					
Principal Place of Business 1111 KANE CONCOURSE, OFFICE #305 BAY HARBOR ISLAND, FL 33154			Mailing Address 1111 KANE CONCOURSE, OFFICE #305 BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-5892529	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GBS CONSULTANTS 1290 WESTON ROAD, STE 306 WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) 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	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, FREDDY ORLANDO			NAME	
STREET ADDRESS	1111 KANE CONCOURSE, OFFICE #305			STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINANGO, MAGALY ESPEJO			NAME	
STREET ADDRESS	1111 KANE CONCOURSE, OFFICE #305			STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, CARMEN MIGDALI			NAME	
STREET ADDRESS	1111 KANE CONCOURSE, OFFICE #305			STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Miguel Fajardo</i> <i>Carmen Fajardo</i> <i>MGR</i> <i>3/6/2007</i> <i>7862027609</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					