

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111450

FILED
Jan 09, 2007
Secretary of State

Entity Name: BAY ESTATE GROUPS, L.L.C.

Current Principal Place of Business:

340 MAIN STREET STE 910 #4
WORCESTER, MA 01608

New Principal Place of Business:

340 MAIN STREET STE 910 #4
WORCESTER, MA 01608 US

Current Mailing Address:

340 MAIN STREET STE 910 #4
WORCESTER, MA 01608

New Mailing Address:

340 MAIN STREET STE 910 #4
WORCESTER, MA 01608 US

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

Name and Address of Current Registered Agent:

ORTIZ, JAQUELINE
105 SOMERSET WAY
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVILA, PEDRO J
Address: 340 MAIN STREET STE 910 #4
City-St-Zip: WORCESTER, MA 01608

Title: MGRM () Delete
Name: POMALES, ROSA L
Address: 340 MAIN STREET STE 910 #4
City-St-Zip: WORCESTER, MA 01608

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVILA, PEDRO J
Address: 340 MAIN STREET STE 910 #4
City-St-Zip: WORCESTER, MA 01608 US

Title: MGRM (X) Change () Addition
Name: POMALES, PEDRO
Address: 340 MAIN STREET STE 910 #4
City-St-Zip: WORCESTER, MA 01608 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PEDRO POMALES

MGRM

01/09/2007

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