2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000122552

1. Entity Name
BAY HARBOR YACHT CLUB LLC

50008308

Principal Place of Business	Mailing Address
208 JEFFERSON AVENUE # 116 MIAMI BEACH, FL 33139	208 JEFFERSON AVENUE # 116 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2138 Rose Theatre Cr.	2138 Rose Theatre Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Olney, MD	City & State Olney, MD

Zip	Country	Zip	Country
20832	USA	20832	USA

07102008   Chg-LLC   CR2E083 (12/06)

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008.

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME SPIRITOS, SAMUEL M STREET ADDRESS 11921 ROCKVILLE PIKE 3RD FLOOR CITY-ST-ZIP ROCKVILLE, MD 20852	☐ Delete	TITLE MGR NAME Spiritos, Samuel M. STREET ADDRESS 2138 Rose Theatre Cr. CITY-ST-ZIP Olney, MD 20832	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _SL M, SL Manager_   7/11/08   301-230-5236

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