

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**DOCUMENT # L07000002551**

1. Entity Name  
**BAV INVESTMENTS LLC**



Principal Place of Business  
**29 UL KRASINA  
MOSCOW, RS 12355-7**

Mailing Address  
**2641 E. ATLANTIC BLVD.  
308  
POMPANO BEACH, FL 33062 US**

2. Principal Place of Business - No P.O. Box #  
**1355 W. Palmetto Park Rd**

3. Mailing Address  
**Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State

Zip  
**33486**

Country

Zip

Country

10062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8188112**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FINCON LLC  
2641 E. ATLANTIC BLVD.  
308  
POMPANO BEACH, FL 33062**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BYLININ, ALEXEY 29 UL KRASINA MOSCOW, RS 123557 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARK ROZEN 1355 W. Palmetto Park Rd. Boca Raton, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500136866345 10/13/08--01003--019 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alexey BYLININ 10/07/08

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

**FILED**

08 OCT 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

