

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000122293

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Entity Name:** BAYE PROPERTIES LLC

**Current Principal Place of Business:**

6538 COLLINS AVE. #286  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6538 COLLINS AVE. #286  
MIAMI BEACH, FL 33141

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

HLAVACEK, ALEX  
320 85TH ST. #14  
MIAMI BEACH, FL 33141      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: MGR  
Name: BRACKEN-SMITH, LOUISE  
Address: 8TH FLOOR, UNION HOUSE, UNION STREET  
City-St-Zip: JERSEY, CHANNEL ISLANDS, OC 00000 OC

Title: MGR  
Name: WALKER, NICHOLAS  
Address: 8TH FLOOR, UNION HOUSE, UNION STREET  
City-St-Zip: JERSEY, CHANNEL ISLANDS, OC 00000 OC

Title: MGR  
Name: ROTHWELL, ALISTAIR  
Address: 8TH FLOOR, UNION HOUSE, UNION STREET  
City-St-Zip: JERSEY, CHANNEL ISLANDS, OC 00000 OC

Title: MGR  
Name: ANGUS, GORDON  
Address: 8TH FLOOR, UNION HOUSE, UNION STREET  
City-St-Zip: JERSEY, CHANNEL ISLANDS, OC 00000 OC

I hereby 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: ALEX HLAVACEK

RA

09/16/2010

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