

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000183

1. Entity Name

BAYWEST HOLDINGS, L.C.



Principal Place of Business

% 2001 SOUTH SURF ROAD
APT. 7-D
HOLLYWOOD BEACH, FL 33019

Mailing Address

5332 HIGHWAY NO. 7, 2ND FLOOR
WOODBIDGE, ONTARIO L4L 1T3
CANADA, XX



07052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0164939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMUEL F. INVESTMENTS LIMITED 5332 HIGHWAY #7 WOODBIDGE, ONTARIO L4L-1T3,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000570928
07/18/06-80016-009 50.00

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 60B, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 6/06

Date

(905) 850-8500

Daytime Phone #