2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L96000001251

1. Entity Name
BAY HARBOUR MANAGEMENT, L.C.,

Principal Place of Business	Mailing Address
10124 FOXHURST CT ORLANDO, FL 32836	10124 FOXHURST CT ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

02102006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3418243	Not Applicable

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

6. Name and Address of Current Registered Agent

VAN DYKE, STEVEN A
10124 FOXHURST CT
ORLANDO, FL 32836

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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 May 1, 2006

6000074180686
05/00/06 01026 010 **1040.00

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	VAN DYKE, STEVEN A
STREET ADDRESS	10124 FOXHURST CT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGR
NAME	TEITELBAUM, DOUGLAS P
STREET ADDRESS	885 THIRD AVENUE, 34TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
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	

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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: _____ Steven A. Van Dyke   4/6/06   4073458532

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