


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004835 1. Entity Name NORTH BAY HOLDINGS, L.C.	
--	---

Principal Place of Business 5630 N. BAY RD MIAMI BEACH, FL 33140	Mailing Address P.O. BOX 402949 MIAMI BEACH, FL 33140
--	---

DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0954169	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent HANNAN, DAVID F 7301 N.W. 4TH STREET, SUITE 102 PLANTATION, FL 33317-2234
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATRON, ROBERT 5630 N BAY RD MIAMI, FL 33140
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	

<p>1100000184637 01/20/05-80037-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 	1-13-05	305-868-4974
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>