

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L99000005257

1. Entity Name
BAI INVESTMENTS, L.L.C.



Principal Place of Business
**1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632**

Mailing Address
**1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1038814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BANKS, DAVID P
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632**

**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] *[Signature]* *[Signature]*
DAVID P. BANKS **3/20/07**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BANKS ASSOCIATES, INC.
1211 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 334427632**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000676346
03/30/07-80055-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

DAVID P. BANKS

3/20/07

954 480 2611

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

Date

Daytime Phone #